



GOVERNMENT OF INDIA MINISTRY OF TEXTILES

INDIAN INSTITUTE OF HANDLOOM TECHNOLOGY CHOKHA ROAD, CHOKHA, JODHPUR - 342001.

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APPLICATION FOR ADMISSION

APPLICATION FORM FOR ADMISSION TO FIRST YEAR OF THREE YEAR DIPLOMA IN HANDLOOM & TEXTILE TECHNOLOGY AS A STIPENDIARY CANDIDATE

AFFIX HERE
PASSPORT SIZE
LATEST
PHOTOGRAPH

1.	Name of the applicant (Both in Hindi & Englin Block Letters)	ish Hindi	:		
		English	:		
2.	Aadhar No.		:		
3.	Mobile No.		:		
4.	Email ID		:		
5.	Father's Name,	Hindi	:		
		English	:		
6.	Mother Name	Hindi	:		
		English	:		
7.	Occupation and Incom	e of Parents	:		
8.	Present address of cand correspondence is to be Phone/ Mobile no. & F	e made with	:		
9.	Marital status		: Married/Un-married		
10.	Caste (SC /ST OR OBC)*		:		
11.	Whether belong to We (if so, attach proof ther	-	:		

12.	Date of Birth and age as on 1 st July of the year of admission			:				
13.	Rural/Urban			:				
14.	Blood Group			· · · · · · · · · · · · · · · · · · ·				
15.	Permanent address v	vith	:					
	Telephone no. & Mobile No.							
						•••••		
16.	Name of the State of which you are a bona fide resident(**)			:				
17.	Nearest Railway Station (for Rly. Concession during vacation)			:				
18.	Name and address of local guardian (if any)			:				
19.	Whether accommodation in the hostel is required			:				
20.	EDUCATIONAL QUALIFICATION:							
	Exams. Passed	Year	Division	% of marks	Subjects offered]		
21.	Any prize/award rec	eived during st	udent career					
22. Whether interested in games/cultural activities						••		
			DECLARATI	ON				
knowl	I hereby declare that edge and belief.	t the informat	ion's furnished	I herein by me are	correct to the best	of my		
Encl:	C							
Place:								
Date:				(Si	gnature of candid	late)		
						,		
	The candidate mus			-				
	cate from the last s cate/School Leaving		_	-		Fransfer bmitted		

in original at the time of admission.

- If the candidate belongs to SC/ST, OBC or Weavers' Community, he must submit self- attested copy of the certificate from the Competent Authority with the application form. (*)
- (**) Attested copy of the bonafide Resident Certificate from the District Authority must be furnished with the application form.

CERTIFICATE OF PHYSICAL FITNESS

I have examined Sh./Km./			
S/o / D/o	certified that his/her physical condition is		
sound and he/she has no bodily disease or	r mental infirmity unfitting him / her or likely to incapacitate		
him/her in the future for manual work in the	workshop.		
Date	(Signature of Regd. Medical Practitioner)		
Place	Regd. No.		
	Stamp		