



## GOVERNMENT OF INDIA MINISTRY OF TEXTILES INDIAN INSTITUTE OF HANDLOOM TECHNOLOGY

CHOKHA ROAD, CHOKHA, JODHPUR - 342001.

Phone Nos.: 0291-2757480, 2757115

**E-mail:** iiht\_jodhpur@rediffmail.com www.iihtjodhpur.com



## **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 & Englis in Block Letters)	h Hindi	:		
	,	English			
		C			
2.	Aadhar No.		:		
3.	Mobile No.		:		
4.	Email ID		:		
5.	Father's Name,	Hindi	:		
		English	:		
6.	Mother Name	Hindi	:		
		English	:		
7.	Occupation and Income	of Parents	:		
8.	Present address of candi correspondence is to be		:		
	Phone/ Mobile no. & E mail (if any)				
9.	Marital status		: Married/Un-m	arried	
10.	Caste (SC /ST / OBC)*		:		
11(a).	Whether belong to Weavers Community,				
(1.)	(if yes, attach proof)			ached	
(D).	Economically weaker se (if yes, attach proof)	CUOII	: Yes / No : Attached / Not Attached		
	(11 yes, anacii prooi)		Attached / Not Attached		

12.	Date of Birth and age as on 1 <sup>st</sup> July of the year of admission			<b>:</b>		
13.	Rural/Urban			:		
14.	Blood Group			:		
15.	Permanent address	with	<b>:</b>			
	Telephone no. & Me	obile No.				
16.	Name of the State of which you are a bonafide 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			:Yes / No		
20.	20. EDUCATIONAL QUALIFICATION:					
	Exams. Passed	Year	Division	% of marks	Subjects offered	
21.	A					
	Any prize/award received during student career					
22.	Whether interested in games/cultural activitiesYes / No				••••	
			DECLARATIO	ON		
knowle	I hereby declare the edge and belief.	at the informat	ion's furnished	herein by me are	correct to the best	t of my
Encl:						
Place:						
Date:				(Si	ignature of candid	late)
certific Certifi	The candidate must rate from the last scate/School Leaving inal at the time of ad	hool or college Certificate from	e attended and	all other certificate	es if any. The	Γransfer

(\*) If the candidate belongs to SC, ST, OBC, Weavers' Community, Economically weaker section he/ she 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 mental infirmity unfitting	g 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