

# THDC INDIA LIMITED

(A Joint Venture of Govt. of India & Govt. of U.P.)

### (A MINI RATNA COMPANY)

Administrative Building, Bhagirathipuram, Tehri, Tehri Garhwal, Uttarakhand- 249124

| Adv                           | t. No.: 01/2022  |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
|-------------------------------|--|--------|---|--|----|--|--------|-----|---------|--------|--------|--|---------|-------|----------|---|--|--|--|--|
| Apprentice Trade Applied For: |  |        |   |  |    |  |        |     |         |        |        | Please affix self attested passport size photo |         |       |          |   |  |  |  |  |
|                               | Location Applied For:                                  |        |   | Tehri Koteshwar *Please tick both if applying for both locations |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
| Α                             | Personal Details:                                      |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
| 1                             | Name (as appears in SSC certificate)                   |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
|                               |  |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
|                               | Please put a space between you                         |        |   |  |    |  |        |     | ne, mid | dle na | me (if | any) l   | ast na  | me    | <u> </u> |   |  |  |  |  |
| 2                             | Enrolment/ registration no. as indicated in web portal |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
| 3                             | Father's Name  |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
| 4                             | Date of Birth  | DD     |   |  | ММ |  |        | YY  | ſΥΥ     |        |        |  |         |       |          |   |  |  |  |  |
| 5                             | Age as on closing                                      | n date | . | DD   |    |  | мм     |     |         |        | ΥΥ     |  |         |       |          | 1 |  |  |  |  |
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| 6                             | Sex (write M or F                                      | ;)     |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
| 7                             | State of Domicile                                      |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
| 8                             | Name of Tehsil   |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
| В                             | B Correspondence Address                               |        |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
|                               | City/ Town   |        |   |  |    |  | St     | ate |         |        |        |  |         | Pin ( | Code     |   |  |  |  |  |
|                               | District   |        |   |  |    |  |        |     |         |        |        |  | Tehsi   | I     |          |   |  |  |  |  |
|                               |  |        |   |  |    |  |        |     | 1       |        |        |  |         |       |          |   |  |  |  |  |
|                               | Contact No. 1  |        |   |  |    |  |        |     | ]       |        |        | Cor  | ntact N | lo. 2 |          |   |  |  |  |  |
| С                             | Permanent Addr   | ess    |   |  |    |  |        |     |         |        |        |  |         |       |          |   |  |  |  |  |
|                               | City/ Town   |        |   |  |    |  | St     | ate |         |        |        |  |         | Pin ( | Code     |   |  |  |  |  |
|                               | District   |        |   |  |    |  |        |     |         |        |        |  | Tehsi   | I     |          |   |  |  |  |  |

#### D Academic Performance:

#### **Basic Qualification- Matriculation onwards**

|        | Exam Passed   | Institution/ University/<br>Board | Subjects studied/ Branch of<br>Specialization             | Duration of<br>Study | Month & Year of<br>Passing<br>(MM/YYYY) | Aggregate % of<br>Marks | Full Time/ Part<br>Time/<br>Correspondence |  |  |  |  |  |  |  |
|--------|---|-----------------------------------|---|----------------------|---|-------------------------|--|--|--|--|--|--|--|--|
|        |   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
| Profe  | essional Qualificat   | tion (ITI Qualification) (        | Please mention qualification                              | which make           | es vou eligible                         |                         |  |  |  |  |  |  |  |  |
|        | Exam Passed   | Institution/ University/<br>Board | Subjects studied/ Branch of<br>Specialization             | Duration of<br>Study | Month & Year of Passing                 | Aggregate % of Marks    | Full Time/ Part Time/                      |  |  |  |  |  |  |  |
|        |   |                                   |   | ,                    | (MM/YYYY)                               |                         | Correspondence                             |  |  |  |  |  |  |  |
|        |   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
|        |   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
| *If th | ere is any Cumula   | tive Grade Average (CC            | GPA)/ please convert it to % o                            | of marks and         | d enclose conver                        | sion certificate.       |  |  |  |  |  |  |  |  |
| E      | Category (GEN/SC/ST/OBC/Ex-Service)   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
| F      | F Are you Physically Handicapped ? (Yes/No)   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
| If     | yes. Please mention the details as follows : Type of Handicap: VH HH OH Please  |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
|        |   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
|        | Extent of disability as specified in the disability certificate :   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
| G      |   |                                   | ourt of law or any disciplinary been imposed upon you? (Y |                      | gs/ enquiry is                          |                         |  |  |  |  |  |  |  |  |
| н      | Have you undergone apprenticeship training earlier? (Yes/ No)   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
| ı      | Do you belong to Doob Kshetra/ Partial Doob Kshetra/ Project Affected Family ? (Yes/ No)  |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
|        | (if yes, please enclose certificate as proof)   |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
|        | Declaration:  |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
|        | I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I further undertake that if at any stage it is discovered that an attempt has been made by me willfully to conceal or misrepresent the facts, my candidature/ appointment shall be summarily rejected or terminated without any notice. |                                   |   |                      |   |                         |  |  |  |  |  |  |  |  |
|        | Date:   |                                   |   | Signature:           |   |                         |  |  |  |  |  |  |  |  |
|        | Place:  |                                   |   | Name:                |   |                         |  |  |  |  |  |  |  |  |

## Enclosure:

- 1. Proof of SC/ST/OBC/PWD/Ex-Servicemen/ State Domicile Certificate. In case of OBC, Non-Creamy Layer Certificate (if applicable).
- 2. The candidate should also enclose attested/ self-attested certificates in support of age, educational qualifications, marksheets, experience certificate etc. along with their application.
- 3. Certificate of Domicile issued by Competent Authority.