

## **TITP APPLICATION FORM**

Please affix your Recent Passport size Photograph. (Not more than 2 months old)

<b>Basic Details:</b>			
Name of Candidate:			
Gender: Male Fe	male Date of Birth	n (DD/MM/YYYY):/_	/ Blood Group:
Contact No:		Email Id:	
Correspondence Addre	ss:	3	
District:	City:	State:	Pin code:
Permanent Address:			
			Pin code:
Nationality:		Religion:	IAIVI
Father's Name:			
Father's Contact No.: _	IN	DIA	
Father's Occupation		Father's Monthly In	ncome
In case of emergency d	etails of the contact per	son Name	
Mobile Number		Relation with Con-	tact Person
Marital Status:			
If married, Name of Sp	ouse:		
AADHAAR/UID No. (	Pls attach a copy):		
Passport No (Pls attach	a copy):		
Occupation as Technica	al Intern Training Progr	ram according to Order of I	Preference i.e. 1, 2, 3, 4
Care Worker Co	Instruction Restaurant	Automobile Scaffold	ing Plumbing Electrician
Farming & Fisheries	Food Processing O	Others	

Qualification		Board/ University				Academic Year		Percentage
Γechnical Skills D	<u> Details:</u>							
Name of Course		Institute/University				Duration		Percentage
Work Experience	in India	<u>ı:</u>		^				
Name of the organization Designation		nation	tion From To Job Profi			7	Salary (P.M.)	Part time/ Full Time
					7			
				ails of all th	he employers star	ting from	ı latest	/
*If worked for mor Work Experience  Name of the		oad if an		ails of all th	he employers star	ting from	a latest Salary	Part time/
Work Experience	at Abro	oad if an	<u>y:</u>	)(	ŢΗ	ting from	$\Lambda \Lambda$	Part time/ Full Time
Name of the organization	Design.	ation	From	То	Job Profile	A	Salary	
Name of the organization  *If worked for more	Design.	ation	From	То	Job Profile	A	Salary	
Name of the organization  *If worked for mor	Design.	ation ne emplo	From  oyer fill deta	To ails of all th	Job Profile  he employers star	ting from	Salary n latest	Full Time
Name of the organization  *If worked for mor  Physical Details  Height (Cms):	Design.	ation  ne emplo	From  oyer fill deta	To ails of all th	Job Profile  the employers start  Teight (Kgs):	ting from	Salary  n latest	Full Time
Name of the organization  *If worked for more Physical Details Height (Cms): Disability (If any):	Design.	ation  ne emplo	From  oyer fill deta	To  ails of all th	Job Profile  the employers start  Teight (Kgs):	ting from	Salary n latest	Full Time
Name of the organization  *If worked for more Physical Details Height (Cms): Disability (If any): Chronic Disease (Yes)	Design  Te than of	ation  ne emplo	From  Over fill deta  Yes):	To  ails of all th	Job Profile  the employers start  Teight (Kgs):	ting from	Salary	Full Time
Work Experience  Name of the	Design  The than of the set of th	ation  ne emplo	Yes):	To  ails of all th	Job Profile  the employers start  Teight (Kgs):	ting from	Salary	Full Time
Name of the organization  *If worked for more Physical Details Height (Cms): Disability (If any): Chronic Disease (Your Dietary Restriction	Design The than of the set of the	ation  ne emplo	Yes):	To  ails of all th	Job Profile  the employers start  Teight (Kgs):	ting from	Salary	Full Time

**Education Details:** 

LANGUAGE KNOWN	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English									
Hindi									
Japanese									
Any other									
* Provide det	ails if have	any certi	fication i	n any Langua	ge.	-L		I	
Why would y	ou like to jo	oin Japan	Technica	al Intern Train	ning Prog	gram?			
How did you	get to know	about th	e prograi	n?					
Have you gor https://www.j	itco.or.jp/en	<u>/</u> : Yes /	No	1	<u> </u>				
Have you bee	en indicted i	n any of	the police	e station for c	<mark>rim</mark> inal o	ffense i	n India?		
Whether any	Whether any criminal case is pending against you in any court?								
Is there any o	Is there any outstanding loan in your name or have extended personal guarantee?								
Have you vis	Have you visited abroad previously?								
<b>Declaration</b>	Declaration by Candidate:								
I hereby declare that the information as provided by me in this document is true and accurate. I understand and accept that any false declaration of information on my part will disqualify me from the program, even when it is in progress.									
Place:				Signat	ure:				
Date:				Name	:				

## **Payment Details**

Bank – State Bank of India (SBI) Account Name- ASSOCHAM (Skill Development Centre) Account No- 62183445337, IFSC - SBIN0001078 Branch- GREATER KAILASH PART I

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Address- 16, COMMUNITY CENTRE, ZAMRUDPUR, G.K. Part-1, New Delhi -110048, India