

Government of N.C.T. of Delhi
Department of Training & Technical Education
World Class Skill Centre, Delhi-110095

Acknowledgement Card - August 2019

Regn. No.....

Self
authenticated
passport size
photograph to
be pasted here

Received Application form along with number of enclosures with registration fee of Rs. 150/- in cash from Sh./Smt./Km.
Category having % age of marks in qualifying exam date of birth

Dated:

Name & Signature of receiving
Official with date and stamp

- Required for Oral IT test & interview and at the time of admission.

IMPORTANT DATES FOR ADMISSIONS

1	Date of availability of Information Bulletin for download.	8th July to 27th July 2019
2	Receipt of filled applications forms.	8th July to 27th July 2019 (10:00 to 16:00 Hrs.)

Kindly check department web site

www.tte.delhigov.nic.in

OR

World Class Skill Centre, Delhi
Notice board for updated schedule.

13. Local Address
City.....State.....Pin code.....

14. E-mail id.....

15. Details of Exam Passed (attach self attested photocopies of the certificates/mark sheets)

SN.	Examination Passed	Year of Passing	School/ Board	Marks obtained (out of 100)		% of Marks in Class 12th
				English	Maths	
1.	10 th class					Total Number of subjects:
						Total Marks obtained:
2.	12 th class					Total Max Marks:
					(Write non-maths if you are non-math student or failed in maths in class 12th)	Aggregate %: (Include all subjects appeared in class 12 th to calculate aggregate %)

Declaration:-

- I declare that the particulars given in the Application form are correct to the best of my knowledge and belief. Certificates and mark sheets submitted by me are genuine. If at any stage, any information(s) / document(s) is found to be false/faked. I am liable to be discharged from the Institute/penalized by withholding/declaring result invalid & liable for prosecution under Indian Penal Code.
- I shall abide by the rules and regulations of the Institute, observe discipline and punctuality, pay my dues regularly, shall not take part and associate myself with activities of any outside agency. I am liable for any disciplinary action by the authorities in case I fail to comply with the above.

.....
 (Signature of Parent/Guardian)

.....
 (Signature of Applicant)

.....
 (Name of the Parent/Guardian)

.....
 (Name of the Applicant)

Dated:-

Note: -

- Applicant must read the Information Bulletin carefully before filling up the Application Form.
- Quote Registration number as reference for any further correspondence.
- Applicants have to deposit Rs.150/- in cash as Registration fee at the time of submission of filled Application form at the Admission centre: WCSC, Campus ITI (W), Vivek Vihar, New Delhi-95.
- In the absence of complete documents/certificates the Application form will be rejected summarily and no plea whatsoever will be entertained.
- A certificate of equivalency from the approved board by the applicant is to be produced if applicable.
- NIOS Applicants must attach admit card as centre proof along with certificates.

Check list of Self Authenticated photocopies of the enclosures: (tick the box)

- Date of Birth Certificate (Class 10th Certificate/Mark sheet)
- Mark sheet of the qualifying Examination (10th& 12th).
- Study Centre Proof in case of NIOS student
- SC/ST/OBC/DP/EWS Certificate from competent authority.
- State from where certificate is obtained:_____Date mentioned on certificate: _____
- Certificate of Disability from competent Authority Board.
- (National Career Services, Vikas Marg, Karkarduma/Delhi)
- Any other relevant document attached _____

FORM OF MEDICAL CERTIFICATE

(To be signed by Registered Medical Practitioner)

I certify that I have carefully examined Sh./Smt./Km.....
son/daughter/wife of Shri. whose signature is given below. As a
result of his/her examination, I certify that nothing adverse has been found which may disqualify
him/her from admission to a technical institution under the Government of Delhi.

I have to further add that:-

1. His/her eyes appear to be
2. His/her heart & lungs are clear
3. His/her weight is
4. His/her height is
5. He/she does not wear glass/wear glass with vision
6. He/she has not had any disease, mentally and bodily infirmity, which will make him/her
unfit in the near future for an active life and training.

Mark of identification

Signature of the candidate

Name & Signature of the Medical Officer
with seal & Registration no.....

CHARACTER CERTIFICATE

Certified that I know Sh./Smt./Km
son/daughter/wife of Shri.
resident of from the last
..... years.....months. To the best of my knowledge and belief, he/she bears a good
moral character and is ofnationality.

It is also to certify that Sh./Smt./Km is not
related to me.

Place:-

Dated:-

Signature

Name (in Capital Letters)

Designation & Address with Stamp

This certificate should be from any one of the following:-

1. Principal/Head Master of the recognized School/ College/ Institution where the Candidate studied last.
2. Gazetted Officer of Central or State Government.
3. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident.
4. Sub-Divisional Magistrates/Officers.
5. Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers.
6. Block Development Officer.

UNDERTAKING ON PROHIBITION OF RAGGING

I, _____ son/daughter/wife of Shri _____ resident of _____ hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished appropriately.

Place: _____ Signature of the Candidate:

Dated: _____ Name of the candidate:



I, _____ Father/Guardian of Mr./Ms. _____ resident of _____ hereby declare that I am aware of the law regarding prohibition of ragging and I agree to abide by the punishment meted out to my ward in case the latter is found guilty of ragging.

Place:
Dated:

Signature of Parent/Guardian.....

Name of Parent/Guardian.....

UNDERTAKING

1. I am liable to be struck off from the roll of Institution without notice in case I remain absent for 10 consecutive days without information / sanction of leave, unsatisfactory progress in the training, short of attendance below 50%, committing breach of discipline in the Institute.
2. I shall get two sets of prescribed uniform stitched within seven days from the day of reporting at admitted institute positively and shall wear the same daily right from my residence & till reaching back to the residence.
3. I shall have no objection in attending Institution as per the existing or changed timing by the institute as per shift timing.
4. I shall maintain at least 80% attendance in each subject for making me eligible for appearing in the each examination.
5. I have no objection if I will be transferred to any other Institute due to any administrative reason whatsoever.
6. I will not carry/use mobile phone in the WCSC campus.
7. I, hereby, declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished as per guideline issued by the Honourable Supreme Court of India.
8. I will attend the Industrial visit / On-Job Training during the training period at various Industries at my own risk. In case of any accident, mis-happening or riots I/we will not held the Institute/Industry responsible for the same.

In case, I/we fail to abide myself as stated above, the Principal/Head of the Institute is empowered to take disciplinary action against me as per rules.

Yours faithfully,

Dated:-

.....
(Full Signature of Parent/Guardian)

.....
(Full Signature of the Candidate)

Name:.....
(Block Letters)

Name:.....
(Block Letters)

Relation with candidate:.....

CentreCourse

Allotted CategoryCandidate's WCSC Roll No.

CERTIFICATE FOR ADMISSION IN WCSC UNDER EWS CATEGORY

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt./Km.son/daughter/wife.....
of.....Permanent residence of....., village/Street.....
.....PostDistrict..... in the State/Union Territory
.....Pin Code.....whose photograph is attested below belongs to
Economically Weaker Sections, since the gross annual income* of his/her family ** is
below Rs. 8 lakh (Rupees Eight Lakh only) for the financial year_.

His/her family does not own or possess any of the following assets***:

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000sq. ft. and above;
- III. Residential plot of 100 sq. yard and above in notified municipalities;
- IV. Residential plot of 200 sq. yard and above in areas other than the notified municipalities.

2. Shri/Smt. /Km.belong to the..... Caste which is not
recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central
List)

Recent Passport
size attested
photograph of the
applicant.

Signature with seal of Office _____

Name _____

Designation _____

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

***Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

**CERTIFICATE FOR AVAILING ADMISSION AGAINST DIVYANG /
PERSON WITH DISABILITIES QUOTA (FROM National Career Service)**

(TO BE SUBMITTED AT THE TIME OF VERIFICATION/ADMISSION)

PHOTOGRAPH
OF THE
CANDIDATE

This is to certify that I have examined Mr. /Ms. Son/Daughter/Wife of

Shri is person with Disabilities due to
. and the percentage of
disorder is He /She is fit for undergoing all these
Trade(s)
only at World Class Skill Centre, Delhi without any special concessions and exemptions.

Signature of the Candidate

Name & Signature of the Officer In-charge,
National Career Services, 9-11 Vikas Marg,
Karkardooma, Delhi-110092

**CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA
OFFICE OF THE ZILA/RAJYA SAINIK BOARD**

This is to certify that Sh/Ms Son/daughter of Shri
..... resident of
..... the above named officer/
JCO/OR pertains to the category marked below:- (Select one from below)

- a) Killed in Action on during
- b) Disabled in Action on during
- c) Died in peace time on with death attribute able to military service.
- d) Disabled in peace time with disability attributable service.
- e) Gallantry Award Winner (.....)
- f) Ex-Serviceman
- g) Serving Soldier.

(Category.....above)

His/her Ex-Serviceman/Widow Identity Card No. is.....

No. /RSB
(Round stamp of Office)

SECRETARY
(Zila/Rajya Sainik Board)