

## Government of NCT of Delhi

## Society For Self Employment

An Autonomous Body under Directorate of Training & Technical Education Head Office: DTTE. Muni Mayaram Marg. Pitampura Dethi-110034

Applications are invited from interested candidates for and a mentioned courses. Application form is available from 08.07.19 to 14.08.19 between 10:00 a.m. to 05:00 p.m. from Monday to Friday from our training centres free of cost. Forms are also available at DTTF website <a href="https://www.delhi.gov.in.wps/wem.connect.DOII\_TI\_training-and-technical-home-&-www.sseonline.co.">www.sseonline.co.</a> Last date for submission of application form is 16<sup>th</sup> August 2019 in any of our training centres.

S.No.	Name of the Course	Duration	Course Fee			Eligibility	Name of Training
			Tuition fee	Pupil fund for all	Security fee refundable for all		Centre
1	Fashion Designing	1 year	SC/ST-Nill, Gen Rs 2400	Rs 100	Rs 1000	10 <sup>th</sup> pass	Shed No 7 & 8 Sunder Nagari Nandnagari Delhi-93 & Wazirpur
2.	Repair of Consumer Electronic Gadgets	1 year	SC/ST-Nill Gen Rs 2400	Rs 100	Rs 1000	10 <sup>th</sup> pass	B-72 Admn Block Leather Complex Wazırpur Delhi-52
3	Electrician	1 year	SC/ST-Nill Gen Rs 2400	Rs 100	TRs 1000	10" pass	Wazirpur
4.	Refrigeration & Air- Conditioning	1 year	SC/ST-Nill Gen Rs 2400	Rs*100	Rs 1000	10 pass	Wazırpul & Nandnagrı
5	Water Engineering (Plumbing	6 months	SC/ST-Nill, Gen Rs 1200	Rs.100	Rs 500	8 <sup>th</sup> pass	E-3 FF Complex Jhandewalan New Delhi-55

Danas

(Dr. Suman Dhawan) General Manager

E-mail: info@sseonline.co

Ph:27373854

## SOCIETY FOR SELF EMPLOYMENT



REMARK:

(An autonomous body of Govt. of NCT of Delhi)

B-72, Leather Complex, Wazirpur Industrial Area, Wazirpur, Delhi-110052
H.O.: Directorate of Training & Technical Education, Muni Mayaram Marg, Pitampura, Delhi-110088

* Instructions		
1. Please fill the form in Capital Letters only		
2. All columns are compulsory		
3. Please write your full name		Paste recent passport size
Name of Trade/Course		coloured photograph
Name of Participants		
Father`s/Husband`s Name	······································	
DOB:		
Category: GEN./ OBC/ SC/ ST/ MINORITY/ OTHER (please mark the applicable one)	RS (please specify)	·
Address:		
Educational Qualification:		
Phone No.:		
E-mail:		· · · · · · · · · · · · · · · · · · ·
Documents Attached: Educational	Certificate	
Caste Certifi		
Photo ID		
Fee receipt No. Amount Date Sign	nature of co-ordinator	
	,	
I, hereby declare that the above provided information is tr	ue to best of my knowledge.	
Date	(Sig	gnature of applicant)
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