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**राष्ट्रिय राजधानी क्षेत्र, दिल्ली सरकार**

**प्रशिक्षण एव तकनीकी शिक्षा विभाग**

**मुनि माया राम मार्ग, पीतमपुरा, दिल्ली- ११० ०३४**

**प्रवेश सूचना**

रोटरी क्लब साउथएंड चेरीटेबल ट्रस्ट के तकनीकी सहयोग से स्किल डेवलपमेंट सेंटर, वीर सावरकर बेसिक ट्रेनिंग सेंटर, पूसा, नई दिल्ली में

**3 माह के मुफ्त वोकेशनल कोर्सेज**

के लिए आवेदन

**कोर्सो का विवरण**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **क्र स** | **कोर्स** | **योग्यता** | **आयु** | **सीट उपलब्ध** |
| 1 | सिलाई मशीन आपरेटर  | कम से कम 8वी पास या अधिक | 18 वर्ष से 30 वर्ष तक | प्रत्येक कोर्स में 30 |
| 2 | सी.एन.सी. मशीन आपरेटर | 12वी पास या अधिक  |
| 3 | वेल्डिंग टेक्नीशियन | 10वी पास या अधिक  |
| 4 | ऍफ़ एंड बी स्टुवर्ड | 12वी पास या अधिक  |

आवेदन पत्र का प्रारूप डाउनलोड करने के लिए निम्न वेबसाइट लॉग ऑन करें-

[www.tte.delhigovt.nic.in](http://www.tte.delhigovt.nic.in) or [www.rotaryclubsouthend.com](http://www.rotaryclubsouthend.com)

अभ्यर्थी आवेदन पत्र के साथ स्वयं प्रमाणित दस्तावेजो को रोटरी क्लब, स्किल डेवलपमेंट सेंटर, वीर सावरकर बेसिक ट्रेनिंग सेंटर, पूसा, नई दिल्ली-110012 में जमा कराएं

**पूर्ण रूप से भरे हुए आवेदन पत्र जमा करने की अंतिम तिथि 4 अप्रैल, 2020, सायं 4 बजे तक है**

अधिक जानकारी के लिए सुबह 10 बजे से शाम 4 बजे तक कॉल करें- 9711909143

E-mail- rotaryskill@gmail.com

**Rotary Southend Charitable Trust**

**&**

Government of N.C.T. of Delhi

**Department of Training & Technical Education**

**Muni Maya Ram Marg, Pitam Pura, Delhi-110 034**

**Acknowledgement Card**

Self authenticated passport size photograph to be pasted here

Regn. No.……….........................

Received Application form along with .......... number of enclosures 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

**IMPORTANT DATES FOR ADMISSIONS**

|  |  |
| --- | --- |
| **Receipt of filled applications forms up to** |  **4th April, 2020****(10.00 am to 04.00 pm)** |

**For updated schedule, kindly check the Notice Board of Rotary Club, Skill Development Centre, Veer Saverkar Basic Training Institute, at Pusa New Delhi- 110 012 or contact on phone No. 9711909143.**

**Admission Application Form**

**Free Downloaded Form Closing Date: 4th April,2020**

**Skill Development Centre**

**An Initiative of Rotary Southend Charitable Trust**

**In collaboration with**

**Department of Training & Technical Education**

**Government of N.C.T. of Delhi**

**Paste self authenticated recent colour passport size photograph**

**For office Use only**  Course Allotted ……………..........

Registration No. ………………..... Category ……………………

No. of enclosure ……………….....

Marks of Qualifying Exam ……………….....

. Sign. Admission I/c.....................

1. Name of Applicant (Sh./Ms.) (in block letters) as per school certificate.

..................................................................................................................................................

2. Father's/Guardian's Name (Sh./Ms.)(in block letters) ) as per school certificate.

 ..................................................................................................................................................

(i) Occupation ………………………........ (ii) Annual Income …………...............

1. Date of Birth ...…/....../……...... **Age as on 01.03.2020** …..…Year …....Months ....... Days

1. Course applied for : ........................................................................................

1. Nationality ………………………...
2. Religion ……………………….…….. Category: General/SC/ST/OBC……………………………
3. Gender ………………..….……….... Marital status: Married / Unmarried
4. Aadhaar Card Number (Mandatory):…………………………………………………
5. Mobile/Phone No. (Mandatory) :…………………………………………..
6. Parents Mobile/Phone No. (Mandatory):…………………………………………
7. E-mail ID of parent : ………………………………………………..
8. Permanent Address: ………………………………………………………………………………………………..

…………………………………………City…………………..State………………Pin code…………………….

1. Local Address ………………………..…………………………………………………………………………….

…………………………………………City………………….State………………Pin code………………………

1. E-mail id................................………….......………….......………….......………….......…………..........

**-2/-**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Examination Passed** | **Year of Passing** | **School/Board/****University** | **Subjects** | **Max. Marks** | **Marks Obtained** | **Aggregate % of Marks** |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

**Declaration: ‐**

1. 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.
2. I shall abide by the rules and regulations of the Skill Development Centre run by Rotary Southend Charitable Trust & Government of N.C.T. of Delhi Department of Training & Technical Education, observe discipline and punctuality, 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: ………………….

**--3--**

**Notes: ‐**

1. Applicant must read the Admission Notice carefully before filling up the Application Form.
2. Quote Registration number as reference for any further correspondence.
3. Applicants have to submit the filled Application form at the Admission centre at Skill Development Centre of Rotary Southend Charitable Trust, Veer Savarkar Basic Training Institute, at Pusa New Delhi- 110 012.
4. In the absence of complete documents/certificates the Application form will be rejected summarily and no plea whatsoever will be entertained.
5. A certificate of equivalency from the approved board by the applicant is to be produced if applicable.

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

1. Date of Birth Certificate (School Certificate/Mark sheet).
2. SC/ST/OBC Certificate
3. Mark sheet of the qualifying Examination (8th/10th/ 12th).
4. The certificate of Disability from the competent Authority Board (VRC, Karkarduma, Delhi)

If applicable.

1. Any other relevant document attached \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure –I**

(**To be submitted at the time of Admission)**

**FORM OF MEDICAL CERTIFICATE**

FORM FFFFFF(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…………………..

**Annexure – II**

(**To be submitted at the time of Admission)**

CHARACTER

**CHARACTER CERTIFICATE**

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 of ………………nationality.

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

Place:-

Signature

Dated:-

……………………………………………..

Name (in Capital Letters)

…………………………………………….

Designation & Address with Stamp

**Note: This certificate should be attested by any Gazetted Officer.**

**Annexure – III**

(**To be submitted at the time of Admission)**

**UNDERTAKING ON PROHIBITION OF RAGGING**

**(By candidate)**

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: ........................................

**(By Parent/Guardian)**

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....................................................

**Annexure – IV**

(**To be submitted at the time of Admission)**

**UNDERTAKING**

1. I am liable to be struck off from the roll of Skill Centre 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 have no objection in attending Institution as per the existing or changed timing by the institute as per shift timing.

3 I shall maintain at least 80% attendance for making me eligible for appearing in the examination.

5. I will not carry/use mobile phone in the Skill Centre.

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. In case of any accident, mis-happening or riots I/we will not blame the Skill Centre responsible for the same.

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

Yours faithfully,

Dated:-

………………………………. .....……………………..………….

(Full Signature of Parent/Guardian) (Full Signature of the Candidate)

Mobile No. ....................................... Mobile No. .......................................

Name:…………………………………… Name:………………………………..……...

(Block Letters) (Block Letters)

Relation with candidate …………… Course ……………………..………….......... .