

**APPLICATION FORM FOR APPRENTICESHIP TRAINING IN AAI, NER**

|    |  |    |
|----|--|----|
| 1  | NAME OF THE CANDIDATE :  |    |
| 2  | FATHER'S NAME :  |    |
| 3  | DATE OF BIRTH (DD/MM/YYYY) :   |    |
| 4  | GENDER :   |    |
| 5  | EDUCATION QUALIFICATION :  |    |
| 6  | TECHNICAL QUALIFICATION (DEGREE / DIPLOMA / TRADE) :   |    |
| 7  | CATEGORY (SC/ST/OBC)   |    |
| 8  | ARE YOU A PERSON WITH DISABILITY :   |    |
| 9  | ADHAAR NO :  |    |
| 10 | PAN CARD NO :  |    |
| 11 | DRIVING LICENSE NO. :  |    |
| 12 | DISCIPLINE APPLIED FOR :   |    |
| 13 | REGISTRATION NO (RDAT / NATS) :  |    |
| 14 | CHOICE OF DOCUMENT VERIFICATION :<br>Guwahati/ Agartala / Imphal / Dimapur / Lengpui /   |    |
| 15 | PLEASE CHOICES ANY THREE STATIONS FOR APPRENTICESHIP TRAINING ;<br>RHQ, NER / Guwahati/ Lilabari / Dibrugarh / Silchar/Jorhat / Tezpur / Agartala / Imphal / Dimapur / Lengpui / Tezu/ Shillong/ | A) |
|    |  | B) |
|    |  | C) |
|    |  |    |
| 16 | PRESENT ADDRESS :  |    |
| 17 | PERMANENT ADDRESS :  |    |
| 18 | CONTACT NO. :  |    |
| 19 | EMAIL ID :   |    |

**PLACE :**  
**DATE :**

( APPLICANT SIGNATURE )