

Sl.No:S:

**APPLICATION FOR ADMISSION TO FIRST YEAR OF
DIPLOMA COURSE IN HANDLOOM AND TEXTILE TECHNOLOGY**



SPKM IIHT, VENKATAGIRI/ IIHT, SALEM / KHTI, GADAG

AFFIX
RECENT
PASSPORT
SIZE
PHOTO

1. Name of the Applicant :
(IN BLOCK LETTERS)
2. Father's Name :
3. Mother's Name :
4. Date of Birth & Age :
(As on 1st July of the Academic year)
5. Gender :
6. Marital Status :
7. Permanent Address for communication :
(With PINCODE)

- Mobile Numbers : 1.
(must be 2 active mobile numbers) 2.
- Aadhaar Card Number (Applicant) :
8. E-mail address, if any (Applicant) :
9. Name of the native state :
10. Whether the candidate family engaged in : YES / NO
Weaving profession, if so,
Weaver ID card/Certificate to be obtained
from 01-01-2021 only by the practicing
weaver (Enclose Photo copy)
11. Category :
(General/SC/ST/OBC/EWS) (In case of
SC/ST/OBC/EWS a certificate from competent
Authority should be attached)

12. Educational Qualifications :
% of Marks/Grade
(Photo copy should be attached)
13. Year and Month of Passing the SSC / :
Equivalent Examination
14. Extra-Curricular Activities :
(Sports/Games/NCC etc.,)
15. List of enclosures (as applicable) :
(All copies of certificates should be attested)
1. SSC (or Equivalent Examination) marks list
 2. Transfer Certificate
 3. Caste / Community Certificate
 4. Weavers ID card/ Certificate
 5. Nativity / Domicile Certificate
 6. Proof of Birth Certificate
 7. Student Aadhaar card Photo copy
 8. Ration Card & Income Certificate

We declare that the particulars furnished above are true and correct to the best of our knowledge and belief.

Place:
Date :

Signature of father (or)
Guardian
Name :

Signature of applicant
Name :

DECLARATION BY APPLICANT

In the event of my being admitted to the institute I undertake to observe and abide by the disciplinary rules and regulations of the institute that may be laid down by the Government from time to time during the period of training.

I hereby agree to abide by and satisfy the rules regarding the attendance and if my attendance falls short of the minimum percentage at the end of the year, I shall not claim condonation thereof under any circumstances whatsoever and I may not be permitted to sit for the examination.

Signature of the Applicant:

Witness:

CERTIFICATE OF PHYSICAL FITNESS

I have examined Shri/ Kum/ Smt. _____ whose specimen signature is attested below and certify that the applicant's eye-sight is good that his/her constitution is sound, and that he/she has not bodily disease or mental infirmity unfitting him/her now or likely to incapacitate him/her now or likely to incapacitate him/her in the future for manual work in the workshop or active outdoor service.

Signature of the Registered
Medical Practitioner

Signature of Applicant

//Attested//