

FORM NO. :-



RAMAKRISHNA MISSION BOYS' HOME
INDUSTRIAL TRAINING CENTRE

P.O. : Rahara, Kolkata - 700 118
Phone : 033-2568 0030, 2568 2850, Ext.-229, 230
E-mail : itc.rahara@gmail.com
Web : www.rkmbhitc.org

APPLICATION FORM FOR ADMISSION TO (X+2) H.S. (VOC.) COURSE

(Affiliated to WBSCT & VE & SD Govt. of West Bengal)

(Session Commencing July, 20.....)

Trade : Electrical (Two Years)

(Form to be filled-up in English only using Ball Pen in Capital Letters)

Office use only
Enrolment No. (Office use only) :
Date of receiving :

Affix recent Singed photograph of appropriate size (2.5 c.m. x 3.5 c.m.)

1. Applicant's Name :
Mobile No. : E-mail ID :
Aadhar No. : Voter No. :

2. (a) Father's Name : Occupation..... Monthly Income.....
(b) Mother's Name : Occupation..... Monthly Income.....
(c) Guardian's Name : Occupation..... Monthly Income.....
(if Father is not Guardian)
(d) Guardian's Mobile No. :

3. Postal Address :
P.O. : P.S. : Pin Code :

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Dist. : State : Tick Mark : Municipality : Panchait Area :

4.

Date of Birth		
Day	Month	Year

P.T.O.

5.

Age as on 01.08.20.....		
Year	Month	Day

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ADMIT CARD

Affix recent Singed photograph of appropriate size (2.5 c.m. x 3.5 c.m.)

Name of the Applicant :

Enrolment No. : Trade : Electrical
(Office use only)

Date of Exam. : Time :

Full Signature of the Applicant

Signature of the Superintendent

6. Put Right (✓) Mark in the appropriate box : SC ST PH OBC GEN
(Enclose necessary certificate if SC/ST/PH/OBC)

7. Nationality : 8. Religion : 9. Mother Tongue :

10. Details of Educational Qualification (Enclose self attested Copy of Admit / Marksheet and Certificate)

Examination Passed	Year of Passing	Name & Address of Exam. Board / Council / University	Roll No.	Registration No.	Marks Obtained	Total Marks
Madhyamik / Equivalent						

The information furnished by me as above are true. If any discrepancy is found at any stage, I shall not claim for correction.

(Attached here with the original copy of School Leaving Certificate & Medical Fitness Certificate [Please collect from office])

Full Signature of the Guardian

Date

Full Signature of the Applicant

✻ **Note : All enclosed documents should be self Attested.**