



# জাতীয় যুব কারিগরী প্রশিক্ষণ কেন্দ্র

NATIONAL YOUTH TECHNICAL TRAINING INSTITUTE (NYTTI)

Powered by Institute of Technical Education & Carrier ITEC

An Autonomous Institute Regd. (No.00374), Under I.T Act 1882, Govt. of India

An ISO 9001:2015 Certified Institute

Corporate Office: 856/3, KANKPUL, ASHOKENAGAR, KALYANGARH, PIN - 743272, NORTH 24 PGS, W.B

Help line No. : +91-7872871955 / 7699990296; Email: itec.wb @gmail.com; Website: www.nytti.co.in

## STUDENT REGISTRATION FORM

Mr. / Ms. / Mrs.

Name of Candidate: \_\_\_\_\_

Name of Father: \_\_\_\_\_

Relationship with Guardian : Father/Mother/Husband/Other (mention): \_\_\_\_\_

Name of Guardian (if different from father): \_\_\_\_\_

Occupation of the Guardian: \_\_\_\_\_

Date of Birth:

D	D	M	M	Y	Y	Y	Y

Gender: M  F

(Attach copy of Admit Card Class X Board exam)

Mobile No: (Mandatory) \_\_\_\_\_ Residence Phone No. (City code first): \_\_\_\_\_

E-mail ID: \_\_\_\_\_ Guardian's Contact No. \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

Panchayat/Municipality: \_\_\_\_\_ P.S.: \_\_\_\_\_ P.O.: \_\_\_\_\_

District: \_\_\_\_\_ PIN Code: \_\_\_\_\_ State: \_\_\_\_\_

Permanent Address (if different): \_\_\_\_\_

Nationality: \_\_\_\_\_

Religion: \_\_\_\_\_

Cast:

SC	ST	OBC	GEN

Physically Handicapped: Yes / No

Aadhar Card No. (Mandatory) \_\_\_\_\_ (attach copy)

**Course Details**

Name :



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**Academic Background: (attach copy of last mark sheet received)**

Name of School/College/ University (Start with current or last institution)	Board/University	Name of Examination	Year of Completion	Score (Division)	Score (%)

## **Declaration by Student**

I understand and agree that: (1) I have to appear in and pass an assessment test to receive certificate (2) I have to be present in at least 80% of the classes, training fees once paid is not refundable under any circumstances. (5) I am aware and will abide by all the terms and conditions of the institute. The information provided above is true to the best of my knowledge.

Date:

**Signature of Student**