

**HINDUSTAN AERONAUTICS LIMITED
KORAPUT DIVISION**

APPLICATION FOR ENGAGEMENT OF TRADE APPRENTICESHIP (EX-ITI)
UNDER APPRENTICESHIP ACT-1961

Affix Passport size
Photograph

- Put (√) mark wherever applicable.
- Fill the application with a black ball point pen in block letters only.

1.	Name of the trade applied for	
2.	Apprenticeship portal registration number	
3.	Name of the candidate	
4.	Father's name	
5.	Mother's name	
6.	Nationality	
7.	Gender	Male() / Female()
8.	Date of birth	DD____MM____YYYY_____
9.	Category	SC()/ST()/OBC-NCL()/EWS()/ UR/GEN()
10.	Are you a person with disability?	Yes() No() If yes, attach certificate of Disability.
11.	Contact number	
12.	E-mail ID (in block letters)	
13.	Correspondence address	

14.	Educational qualification details(Attach copy of mark sheet and certificate as proof)						
	NAME OF THE EXAMINATION PASSED	NAME OF THE BOARD	SUBJECT/ TRADE	MAXIMUM MARKS	MARKS SCORED	PERCENTAGE	YEAR OF PASSING
	10 TH /HSC/SSC						
	ITI						
15.	Details of persons in relation, working in HAL, Koraput Division.(if any)						
	Working as	Serving Employee () Retired Employee () Deceased Employee () Attach copy of HAL ID proof and filled in Annexure-I.			On Contract basis () Attach copy of Security Entry Pass and filled in Annexure-II.		
16.	Do you belong to any of the adopted village of HAL, Koraput? Yes() No()						
	If Yes, Attach copy of Medical Card issued by HAL, resident proof copy and Annexure-III				Name of the Adopted village:_____		

The candidates need to fill this Application Form scan it and send it to training.koraput@hal-india.co.in with required scanned documents on or before 28.02.2023.

Declaration by the candidate

I do hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false /not true, I will solely remain responsible for this. Also all the benefits availed by me shall be summarily withdrawn.

Place:_____

Signature of the candidate

Date:_____

Name:_____

Annexure-I

Performa for Wards of Serving/ Retired/ Deceased Employees of HAL, Koraput

To
Dy. Manager (Training)
Training and Development Institute,
HAL, Koraput Division,
Sunabeda,763003

Sir,

I, Shri/Smt./Ms....., the undersigned, am Son/
Daughter/Spouse of Shri/ Smt who is/ was a Employee of
HAL,Koraput Division.I am interested to undergo one year Ex-ITI Apprenticeship Training in
HAL,Koraput Division.

The Employment details of my Father/ Mother/Spouse in HAL are as follows: -

Name	
P.B No.	
Category of the employee (Please tick one of the options)	Serving () Retired() Deceased()

Declaration

The above information, furnished by me, is true to the best of my knowledge and belief.

Signature of the Candidate

Counter Signature of Parent

* Please enclose copy of HAL ID proof.

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Certification by HR Dept.

The information provided by the candidate is verified and found to be correct as per the the
official records of the mentioned HAL Employee.

Signature & Seal of the
Officer

Annexure-II

Performa for Wards of Contract Laborer of HAL, Koraput

To
Dy. Manager (Training)
Training and Development Institute,
HAL, Koraput Division,
Sunabeda,763003

Sir,

I, Shri/Ms....., the undersigned, am Son/ Daughter of Shri/ Smt who is a Contract Laborer of HAL,Koraput Division.I am interested to undergo one year Ex-ITI Apprenticeship Training in HAL,Koraput Division.

The Employment details of my Father/ Mother in HAL are as follows: -

Name	
Security Entry Pass Number	
Date of Issue	
Valid up to	
Relation with the Contract Laborer	
Work Order No.	

Declaration

The above information, furnished by me, is true to the best of my knowledge and belief.

Signature of the Candidate

Counter Signature of Parent

* Please enclose copy of security entry pass of your parent.

Performa of Candidates from Adopted Villages of HAL, Koraput Division

To
Dy. Manager (Training)
Training and Development Institute,
HAL, Koraput Division,
Sunabeda,763003

Sir,

I, Shri/Ms....., the undersigned, am Son/ Daughter of Shri/ Smt who is a native of Koraput District in the state of Odisha and my family ordinarily resides at Village _____ P.S_____,Tahsil _____.I am interested to undergo one year Ex-ITI Apprenticeship Training in HAL,Koraput Division.

My Details;

Candidate name	
Father's name	
Village of residence	
Residence/Nativity Certificate no.	

Declaration

The above information, furnished by me, is true to the best of my knowledge and belief.

Signature of the Candidate

Counter Signature of Parent

* Please enclose copy of Resident Certificate and HAL Medical Card of your family issued by IR dept.

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Certification by IR Dept.

The information provided by the candidate is verified and found to be correct as per the official records.

Signature & Seal of the
Officer