

दिल्ली सरकार <sub>आप की सरकार</sub>

Government of N.C.T. of Delhi

# Department of Training & Technical Education World Class Skill Centre, Delhi-110095

# <u>Acknowledgement Card - August 2019</u>

Regn.	No
0	

Self authenticated passport size photograph to be pasted here

Received Application form along with number of enclosures with registration fee
of Rs. 150/- in cash from Sh./Smt./Km.
Category having % age of marks in qualifying exam date
of birth
Dated:

Name & Signature of receiving
Official with date and stamp

Required for Oral IT test & interview and at the time of admission.

# **IMPORTANT DATES FOR ADMISSIONS**

Date of availability of Information Bulletin for download.	8th July to 27th July 2019
2 Receipt of filled applications forms.	8 <sup>th</sup> July to 27 <sup>th</sup> July 2019 (10:00 to 16:00 Hrs.)

Kindly check department web site

www.tte.delhigov.nic.in

OR

World Class Skill Centre, Delhi Notice board for updated schedule.

## WCSC Admission Application Form Academic Session August 2019 – July 2020

#### Free Downloaded Form

दिल्ली सरकार

Registration Fee Rs. 150/- to be deposited

at the time of submission of form.

# Government of N.C.T. of Delhi

## Department of Training & Technical Education, World Class Skill Centre, Delhi

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Closing Date: 27July2019

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	Passed	Passing	Board	(0	out of 100)	
				English	Maths	
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						Total Marks obtained:
2.	12 <sup>th</sup> class					Total Max Marks:
					(Write non-maths if you are non-math student or failed in maths in class 12th)	Aggregate %:
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# FORM OF MEDICAL CERTIFICATE

(To be signed by Registered Medical Practitioner)

I certify	that I	have	carefully	examined	Sh./Smt./Km
son/daught	er/wife of	Shri			whose signature is given below. As a
result of his	s/her exan	nination	, I certify t	hat nothing	adverse has been found which may disqualify
him/her fro	m admissi	on to a	technical i	nstitution un	der the Government of Delhi.
I have to fur	rther add t	hat:-			
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•		_		• • • • • • • • • • • • • • • • • • • •	
3. His/	her weight	is		•••••	
4. His/	her height	is			
5. He/s	she does no	ot wear	glass/wear	r glass with v	ision
6. He/s	she has no	ot had a	ny disease	e, mentally a	nd bodily infirmity, which will make him/her
unfit	in the nea	ar futur	e for an act	tive life and t	caining.
3.6 1 6:1					
Mark of idea	ntification	•••••			
Signature o	f the candi	idate			
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J				• • • • • • • • • • • • • • • • • • • •	
with seal &	Registration	on no		••••	

#### **CHARACTER CERTIFICATE**

Certified that I know Sh./Smt./Km
son/daughter/wife of Shri
resident of from the last
yearsmonths. To the best of my knowledge and belief, he/she bears a good
moral character and is ofnationality.
It is also to certify that Sh./Smt./Km is not related to me.
Place:- Signature
Dated:-
Name (in Capital Letters)
Designation & Address with Stamp

# This certificate should be from any one of the following:-

- 1. Principal/Head Master of the recognized School/ College/ Institution where the Candidate studied last.
- 2. Gazetted Officer of Central or State Government.
- 3. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident.
- 4. Sub-Divisional Magistrates/Officers.
- 5. Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers.
- 6. Block Development Officer.

# **UNDERTAKING ON PROHIBITION OF RAGGING**

Ι,	son/daughter/wife	of Shri	reside	ent
of		hereby dec	clare that I am aware of the l	aw
regarding prohibiti	on of ragging as well as the	punishments, and	that, if found guilty of the offer	ıce
of ragging and/or a	abetting ragging, I am liable	to be punished app	propriately.	
Place:	Signat	ure of the Candidat	te:	
Dated:	Name o	of the candidate:		
<b>T</b>	Fat1 as / Occ.	. 1' C N / N		
			resident	
			hereby declare that I are bide by the punishment meted	m
	case the latter is found guilty	9	and by the pullishment meted	
Place: Dated:				
	Signature of I	Parent/Guardian		
	Name of Pare	nt/Guardian		

Varing faithfull-

#### **UNDERTAKING**

- 1. I am liable to be struck off from the roll of Institution without notice in case I remain absent for 10 consecutive days without information / sanction of leave, unsatisfactory progress in the training, short of attendance below 50%, committing breach of discipline in the Institute.
- 2. I shall get two sets of prescribed uniform stitched within seven days from the day of reporting at admitted institute positively and shall wear the same daily right from my residence & till reaching back to the residence.
- 3. I shall have no objection in attending Institution as per the existing or changed timing by the institute as per shift timing.
- 4. I shall maintain at least 80% attendance in each subject for making me eligible for appearing in the each examination.
- 5. I have no objection if I will be transferred to any other Institute due to any administrative reason whatsoever.
- 6. I will not carry/use mobile phone in the WCSC campus.
- 7. I, hereby, declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished as per guideline issued by the Honourable Supreme Court of India.
- 8. I will attend the Industrial visit / On-Job Training during the training period at various Industries at my own risk. In case of any accident, mis-happening or riots I/we will not held the Institute/Industry responsible for the same.

In case, I/we fail to abide myself as stated above, the Principal/Head of the Institute is empowered to take disciplinary action against me as per rules.

Dated:-	rours faithfully,
(Full Signature of Parent/Guardian)	(Full Signature of the Candidate)
Name:(Block Letters)	Name:(Block Letters)
Relation with candidate:	
CentreCours	
Allotted CategoryCand	idate's WCSC Roll No

## **CERTIFICATE FOR ADMISSION IN WCSC UNDER EWS CATEGORY**

#### INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No	Date:
	VALID FOR THE YEAR
ofPerrPostPin Code. Economically Weaker below Rs. 8 lakh (Ru His/her family does: I. 5 acres of agri II. Residential fla III. Residential pla IV. Residential pla 2. Shri/Smt.	nat Shri/Smt./Km
Recent Passport size attested photograph of the applicant.	Signature with seal of Office Name Designation

\*Note 1: Income covered all sources i.e. salary, agriculture, business, profession, etc. 
\*\*Note 2: The term "Family" for this purpose includes the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years. 
\*\*\*Note 3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

# CERTIFICATE FOR AVAILING ADMISSION AGAINST DIVYANG / PERSON WITH DISABILITIES QUOTA (FROM National Career Service)

(TO BE SUBMITTED AT THE TIME OF VERIFICATION/ADMISSION)

PHOTOGRAPH OF THE CANDIDATE

This is to certify that I have examined Mr. /Ms Son/Daughter/Wife of
Shri is person with Disabilities due to
disorder is He /She is fit for undergoing all these
Trade(s)
only at World Class Skill Centre, Delhi without any special concessions and exemptions.

Signature of the Candidate

Name & Signature of the Officer In-charge, National Career Services, 9-11 Vikas Marg, Karkardooma, Delhi-110092

# CERTIFICATE FOR AVAILING ADMISSION AGAINST DEFENCE QUOTA OFFICE OF THE ZILA/RAJYA SAINIK BOARD

This is to certify that Sh/Ms		Son/daughter of Shri
	reside	nt of
		the above named officer/
JCO/C	OR pertains to the category marked below:- (Select one from	below)
a)	Killed in Action on	luring
b)	Disabled in Action on	during
c)	Died in peace time on	. with death attribute able to military
	service.	
d)	Disabled in peace time with disability attributable service	
e)	Gallantry Award Winner (	)
f)	Ex-Serviceman	
g)	Serving Soldier.	
	(Categoryabove)	
His/h	er Ex-Serviceman/Widow Identity Card No. is	
No/RSB		SECRETARY
(Round stamp of Office)		(Zila/Rajya Sainik Board)