



An Autonomous Body under Directorate of Training & Technical Education
Head Office: DTTE, Muni Mayaram Marg, Pitampura, Delhi-110034

Head Office: DTTE, Muni Mayaram Marg, Pitampura, Delhi-110034

S.No.	Name of the Course	Duration	Course Fee			Eligibility	Name of Training Centre
			Tuition fee	Pupil fund for all	Security fee refundable for all		
1	Fashion Designing	1 year	SC/ST-Nill Gen Rs 2400	Rs 100	Rs 1000	10 th pass	Shed No 7 & 8 Sunder Nagan, Nandnagar, Delhi-93 & Wazirpur
2	Repair of Consumer Electronic Gadgets	1 year	SC/ST-Nill Gen Rs 2400	Rs 100	Rs 1000	10 th pass	B-72 Admn Block Leather Complex Wazirpur, Delhi-52
3	Electrician	1 year	SC/ST-Nill Gen Rs 2400	Rs 100	Rs 1000	10 th pass	Wazirpur
4	Refrigeration & Air-Conditioning	1 year	SC/ST-Nill Gen Rs 2400	Rs 100	Rs 1000	10 th pass	Wazirpur & Nandnagar
5	Water Engineering (Plumbing)	6 months	SC/ST-Nill Gen Rs 1200	Rs 100	Rs 500	8 th pass	E-3 FF Complex Jhandewalan New Delhi-55

Sharan

(Dr. Suman Dhawan)
General Manager

SOCIETY FOR SELF EMPLOYMENT

(An autonomous body of Govt. of NCT of Delhi)

B-72, Leather Complex, Wazirpur Industrial Area, Wazirpur, Delhi-110052**H.O.: Directorate of Training & Technical Education, Muni Mayaram Marg, Pitampura, Delhi-110088***** Instructions**

1. Please fill the form in Capital Letters only
2. All columns are compulsory
3. Please write your full name

Name of Trade/Course.....

Name of Participants.....

Father's/Husband's Name.....

 DOB:

D	D	M	M	Y	Y	Y	Y

 Category: GEN./ OBC/ SC/ ST/ MINORITY/ OTHERS (please specify)
 (please mark the applicable one)

 Address:.....

Educational Qualification:

 Phone No.: Mob.:

----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

E-mail:.....

 Documents Attached:

☐	Educational Certificate
☐	Caste Certificate
☐	Photo ID

Fee receipt No.	Amount	Date	Signature of co-ordinator
			
			
			

I, hereby declare that the above provided information is true to best of my knowledge.

Date.....

(Signature of applicant)

REMARK :