

**SPEED POST/OUT TODAY/**  
**RTI MATTER/TIME BOUND**

**GOVT. OF NCT OF DELHI**  
**DIRECTORATE OF TRAINING & TECHNICAL EDUCATION**  
**MUNI MAYA RAM MARG, PITAMPURA, NEW DELHI**  
**(RTI BRANCH)**

**(Ph. No. 27321024, Email:- [piohqtte.delhi@gov.in](mailto:piohqtte.delhi@gov.in))**

NO.F.2 (16)/2006/RTI/TTE/ID No. 3986 /1767-68  
To

Dated: 15/6/16

Sh. Varun Kumar  
H.No- 1449/15 A Gali No- 5 A  
Durga Puri, Shahdara, Delhi-93

Sub: Supply of information Under RTI Act-2005.

Sir/Madam,

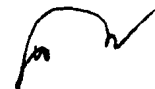
With reference to your application dated 11/2 vide ID No. 3986 dated 26/5/16 addressed to the undersigned regarding supply of information under Right to Information Act 2005. The requisite information is enclosed as per Annexure.

The information was sought from AIT (ETM) (Custodian of Records) whose help was sought under section 5 (4) of the RTI Act, 2005, the information pertaining to this office is enclosed.

As per provisions of the Right to Information Act, 2005 u/s 19, an applicant, may if he/she is not satisfied, may file an appeal to the 1st Appellate Authority, with respect to the reply/information provided by the Public Information Officer within 30 days from the date of receipt of such reply/information from the Public Information Officer. The address of First Appellate Authority is as under:-

The First Appellate Authority,  
Department of Training & Technical  
Room No.103, 1st Floor,  
Muni Maya Ram Marg, Pitampura  
Delhi- 110034.

Yours faithfully,



(AMOD BARTHWAL)  
PIO (RTI) DTTE

**Encl. As above.**

Copy to:-

- ✓ 1. The Assistant Programmer, DTTE with the request for upload the same on the Departmental Website. (Copy of RTI application is also enclosed)

GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI  
DEPARTMENT OF TRAINING & TECHNICAL EDUCATION  
MUNI MAYA RAM MARG, PITAMPURA, DELHI 110088.  
[Exam Branch]

F. No. 15(60)/RTI/Trg.(E)/2016/ 175

Dated : 13 /06/2016

To

Sh. Varun Kumar  
1449/15A, Gali No. 5A,  
Durgapuri Shahdara,  
Delhi 110093.

Sub: Reply to RTI ID No 3986, dated 26.05.2016 filed by Sh. Varun Kumar.

Sir,

With reference to your U.O No / RTI / TTE ID NO. 3986 / 1627 dated 26.05.16. The requisite information sought by the applicant in the above said RTI is as under:

Answer: Photocopy of OMR answer sheet as sought by the applicant is enclosed herewith.



(R. K. Sharma)  
A.I.T (Exam)

Copy to:

The PIO (RTI),  
DTTE, (HQ),  
Delhi.

979/POD  
13/6/16.

# ALL INDIA TRADE TEST

## Under Semester System of Craftsmen Training Scheme

Answer Sheet No.

0884039

NAME OF TRAINEE (IN BLOCK LETTERS ONLY)

VARUN KUMAR

EXAMINATION CENTRE NAME (IN BLOCK LETTERS ONLY)

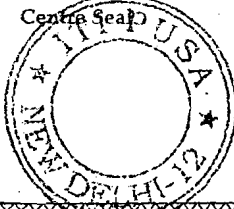
ITI PUSA DELHI

TRADE NAME (IN BLOCK LETTERS ONLY)

PHYSIOTHERAPY TECHNICIAN

DISTRICT NAME (IN BLOCK LETTERS ONLY)

NEW DELHI

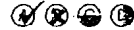


**INSTRUCTIONS**

Use Black Ball Point Pen Only

- There is one correct answer for each question.
- Marks should be dark and completely fill the circle.
- Rough work must not be done on the answer sheet.
- Make the marks only in the circle space provided.
- Please do not make any stray marks on the answer sheet.

Wrong Methods



Correct Method



**निर्देश**

केवल काले बॉल प्वाइंट पेन का ही प्रयोग करें

- प्रत्येक प्रश्न के लिए एक सही जवाब है।
- वृत्त पूरी तरह से काला रंगा होना चाहिए।
- कोई भी रफ कार्य उत्तर पत्रक पर न करें।
- जो गोले दिये गये हैं केवल उसी में भरें।
- उत्तर पत्रक पर कोई भी निशानी न बनायें।

गलत तरीके



सही तरीका



Exam. Date	Trade Code	Semester	Booklet Series	Roll Number																																																																																																																																																																																																																																																																																				
PO 02 16	021	I		00150807158543																																																																																																																																																																																																																																																																																				
<table style="width: 100%; text-align: center;"> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> </table>	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	0	0	0	<table style="width: 100%; text-align: center;"> <tr><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td></tr> </table>	1	1	1	2	2	2	3	3	3	4	4	4	5	5	5	6	6	6	7	7	7	8	8	8	9	9	9	0	0	0	<table style="width: 100%;"> <tr><td>I</td><td><input checked="" type="radio"/></td></tr> <tr><td>II</td><td><input type="radio"/></td></tr> <tr><td>III</td><td><input type="radio"/></td></tr> <tr><td>IV</td><td><input type="radio"/></td></tr> </table>	I	<input checked="" type="radio"/>	II	<input type="radio"/>	III	<input type="radio"/>	IV	<input type="radio"/>	<table style="width: 100%;"> <tr><td>A</td><td><input type="radio"/></td></tr> <tr><td>B</td><td><input type="radio"/></td></tr> <tr><td>C</td><td><input type="radio"/></td></tr> <tr><td>D</td><td><input type="radio"/></td></tr> </table>	A	<input type="radio"/>	B	<input type="radio"/>	C	<input type="radio"/>	D	<input type="radio"/>	<table style="width: 100%; text-align: center;"> <tr><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </table>	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1																																																																																																																																																																																																																																																																																						
2	2	2																																																																																																																																																																																																																																																																																						
3	3	3																																																																																																																																																																																																																																																																																						
4	4	4																																																																																																																																																																																																																																																																																						
5	5	5																																																																																																																																																																																																																																																																																						
6	6	6																																																																																																																																																																																																																																																																																						
7	7	7																																																																																																																																																																																																																																																																																						
8	8	8																																																																																																																																																																																																																																																																																						
9	9	9																																																																																																																																																																																																																																																																																						
0	0	0																																																																																																																																																																																																																																																																																						
1	1	1																																																																																																																																																																																																																																																																																						
2	2	2																																																																																																																																																																																																																																																																																						
3	3	3																																																																																																																																																																																																																																																																																						
4	4	4																																																																																																																																																																																																																																																																																						
5	5	5																																																																																																																																																																																																																																																																																						
6	6	6																																																																																																																																																																																																																																																																																						
7	7	7																																																																																																																																																																																																																																																																																						
8	8	8																																																																																																																																																																																																																																																																																						
9	9	9																																																																																																																																																																																																																																																																																						
0	0	0																																																																																																																																																																																																																																																																																						
I	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																							
II	<input type="radio"/>																																																																																																																																																																																																																																																																																							
III	<input type="radio"/>																																																																																																																																																																																																																																																																																							
IV	<input type="radio"/>																																																																																																																																																																																																																																																																																							
A	<input type="radio"/>																																																																																																																																																																																																																																																																																							
B	<input type="radio"/>																																																																																																																																																																																																																																																																																							
C	<input type="radio"/>																																																																																																																																																																																																																																																																																							
D	<input type="radio"/>																																																																																																																																																																																																																																																																																							
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1																																																																																																																																																																																																																																																																					
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2																																																																																																																																																																																																																																																																					
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3																																																																																																																																																																																																																																																																					
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4																																																																																																																																																																																																																																																																					
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5																																																																																																																																																																																																																																																																					
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6																																																																																																																																																																																																																																																																					
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7																																																																																																																																																																																																																																																																					
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8																																																																																																																																																																																																																																																																					
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9																																																																																																																																																																																																																																																																					
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																																																																																																																																																																																																																																																					
		<table style="width: 100%;"> <tr><td>Paper</td><td>I</td><td><input checked="" type="radio"/></td></tr> <tr><td></td><td>II</td><td><input type="radio"/></td></tr> </table>	Paper	I	<input checked="" type="radio"/>		II	<input type="radio"/>	<table style="width: 100%;"> <tr><td>Session</td><td>Evening</td><td><input checked="" type="radio"/></td></tr> <tr><td></td><td>Morning</td><td><input type="radio"/></td></tr> <tr><td></td><td>Evening</td><td><input checked="" type="radio"/></td></tr> </table>		Session	Evening	<input checked="" type="radio"/>		Morning	<input type="radio"/>		Evening	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																					
Paper	I	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																						
	II	<input type="radio"/>																																																																																																																																																																																																																																																																																						
Session	Evening	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																						
	Morning	<input type="radio"/>																																																																																																																																																																																																																																																																																						
	Evening	<input checked="" type="radio"/>																																																																																																																																																																																																																																																																																						

**PART - A**

1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	31	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	33	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	36	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	37	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	38	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	39	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	40	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	42	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	45	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	47	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	49	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	50	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART - B**

1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	21	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	27	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	28	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	30	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Varun

Invigilator Signature

10/11/16

Invigilator Signature

RTI APPLICATION FORM

To,  
The Public information Officer  
Department of Training &  
Technical Education,  
Munni Maya Ram Marg, Pitampura  
New Delhi-110034

3986 / 55 no  
26/02/16

Sir,

Subject: Request for Information under Right to Information Act 2005.

I Sri / Smt / Ms.

VARUN KUMAR

Son / Daughter / wife of Shri / Smt / Ms.

RAJBIR SINGH

resident of

1449/15A Galia no. 5A Durgapuri Shahdara Delhi-93

telephone number (with STD Code) 9868584657 and/or mobile  
number: 7827478499 wish to seek information as under

Copy of my OMR Sheet of Paper No1 (

Paper No Ist (

), of AITT Feb 2016 Exam.

Name of ITI in which Studing: National Industrial Training Centre, Dwarka Mor, New  
Delhi-110059

Reg no of Portal R150807158543 Roll No. of the  
Class PHYSIOTHERAPY TECHNICIAN

I hereby inform that following formalities have been completed by me:

1. That I have deposited the requisite fee of Rs. 10/- by way of Postal Order issued in name of DDO, DTTE, Delhi Govt.
2. I need the photocopy of the documents and I had deposited the cost of the photocopy of Rs. 10/- by way of postal order issued in name of competent authority.
3. That I am 'Citizen' of India and I am asking the information as 'Citizen'.
4. I assure that I shall not allow/ cause to use/ pass/share/display/ or circulate the information received in any case and under any circumstances. with any person or in any manner which would be detrimental to the Unity and Sovereignty or against the Interest of India.

914/80  
26/02/16

Varun

Signature of the Applicant  
Dated: