



NUCLEAR POWER CORPORATION OF INDIA LIMITED

(A Government of India Enterprise)

KUDANKULAM NUCLEAR POWER PROJECT

Kudankulam PO, Radhapuram Taluk, Tirunelveli Dist, Tamil Nadu – 627 106

HUMAN RESOURCE GROUP

**APPLICATION FORM FOR APPRENTICESHIP TRAINING UNDER THE
APPRENTICE ACT, 1961**

NAME OF THE TRADE APPLIED : _____

1. Advt. Notice No. : **01/KKNPP/HRM/2019**
2. Name (in Capital letters) :
3. Enrolment/ Registration No. as indicated in web portal <http://apprenticeship.gov.in> (Mandatory) :
4. Father/Husband Name :
5. Gender : Male/Female
6. Date of Birth & Age :
7. Nationality :
8. Religion :
9. Whether belongs to : SC/ OBC/GEN
10. Employment Exchange Registration No. & Date :
11. Marital Status : Married/Unmarried
12. Address for Correspondence :
13. Permanent Address :

YOUR RECENT
SELF ATTESTED
PASSPORT SIZE
PHOTOGRAPH
(Paste with Gum, do
not pin or staple the
photograph)

14. Contact Mobile No. :
15. E-Mail ID :
16. Aadhaar Card No. (Mandatory) :
17. Whether Physical Handicapped : Yes / No (if Yes, please mention category of)
18. Disability : OH/HH/VH- % of Disability:_____%
19. Height : _____Cms. Weight : _____Kgs.
20. Educational Qualification:

Examination Passed	Name of the Institute/College	Year of Passing	Subject/ ITI Trade	Marks obtained	Duration of ITI Course (1 Yr / 2 Yrs)	Class/ Division % of Marks

21. Whether land has been acquired for setting up Kudankulam Nuclear Power Project (KKNPP) [If yes, attach copy of 'Land Loser Certificate' obtained from Appropriate Authority and furnish the details of land acquired]
- | | Yes | No |
|---|-----|----|
| Details of land acquisition: | | |
| i) Name of the land owner | | |
| ii) Relationship with the candidate | | |
| iii) Extent of acquired land and survey number | | |
| iv) Land acquisition award number and date | | |
| v) Name of legal heir | | |
| vi) Certificate issuing authority and date of issue | | |

22. Are you under contractual obligation to serve the Central/State Govt. / any other Public Sector Undertakings? If so, please Furnish full details. :
23. Name and Address of not less than two persons to whom a reference can be made regarding your professional competence. :

24. Details of relatives already employed in the Department of Atomic Energy or its Constituent Units / NPCIL. :
25. Have you attended any written test/ Interview conducted by KKNPP earlier and if so, when. :
26. Any other information you may wish to add. :

Certified that the above information is correct and true. If found false, my application will be rejected and if the training has begun. I will be removed from the training apart from recovery of the stipend and cost of training.

Signature :

Date :

Place :

Checklist

Self attested copy of Certificates / Documents enclosed

(Strike out which is not applicable)

1.	Educational Qualification (10 th Std / 12 th Std. Mark Sheets as may be applicable)	YES / NO
2.	ITI Certificate	YES / NO
3.	ITI Mark Sheet	YES / NO
4.	Conduct Certificate from two Gazetted Officers or from concerned Institution (Original)	YES / NO
5.	Community Certificate in prescribed format of those belonging to SC or OBC (Non-Creamy Layer) Candidates	YES / NO
6.	Landloser Certificate (if applicable)	YES / NO
7.	PWD Certificate issued by the Competent Authority (if applicable)	YES / NO
8.	Aadhaar Card (Compulsory)	YES / NO
9.	Other qualification/experience certificates, if any	YES / NO
10.	Recent Passport size photograph – 2 Nos.	YES / NO

It is certified that Xerox copies are legible and readable. Copies of certificates are attached.

Date:

Place:

Signature

CHARACTER CERTIFICATE

Certified that I know Shri/Smt./Kum. _____ son/daughter of
Shri _____ for the last _____ years _____
months and that to the best of my knowledge and belief he/she bears a respectable
character.

Signature of the gazetted officer:

Designation or :
Status & Address

Date: _____

Place : _____

POLICE VERIFICATION CERTIFICATE

(To be submitted after selection before joining training)

This is to certify that Character and Antecedents of the following person has been verified and nothing adverse against him is noticed.

Name	
Father's Name	
Age	
Address	

The following remarks/observations are made_____.

Signature of Sub Inspector or above

Date :

Seal :