

UDUPI COCHIN SHIPYARD LIMITED (UCSL)

(Formerly Tebma Shipyards Limited)

Ministry of Ports, Shipping and Waterways, Government of India MALPE, KARNATAKA

Annexure-I

APPLICATION FORM FOR APPRENTICESHIP TRAINING UNDER THE APRENTICE ACT, 1961

To
The Human Resource Department
Udupi Cochin Shipyard Limited
Harbour complex
Malpe, Udupi – 576108

Affix recent passport size photograph

Ref. No. UCSL/HR/APP/VN-GAT/DAT/ITI//2023/15 dated 02.08.2023 NAME OF THE TRADE APPLIED (Select any one suitable trade)

Sl. No.	Designated Trade	Select ~
1	Diesel Mechanics/Bench Fitters/Instrument Mechanic	
2	Electrician	
3	I T Technician /Computer Networking	
4	Plumber	

1	Enrolment/Registration No. as indicated in web portal www.apprenticeshipindia.gov.in			
2	Full Name (as in Aadhar)			
3	Aadhar Number			
4	Father's Name			
5	Date of Birth			
6	Place of Birth			
7	Age as on 02.08.2023	Years	Months	Days
8	Gender			

9	Marital status					
10	Nationality					
11	Present Address for Correspondence (Postal)					
12	Permanent Address					
13	#Contact Details	E-mail Mobile Emerge	No:	s: ontact No	:	
14	Whether belonging to	SC	ST	OBC	EWS	GENERL
15	Languages known	Тол	read	To w	vrite	To speak
16	Whether Physical Handicapped	Yes / N	lo (if Y	es, please	e mention	category of)
17	Disability	OH/HH Disabil	I/VH – ity	Percenta	ge of	
18	Heigh in Cms Weigh in Kgs					
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19	Educational Qualification:				
	l l		Year of Passing Subject/ITI Trade		Duration of ITI Course (1Yr/2Yrs)

Applicants should ensure that they enter valid e-mail ID and Contact Numbers (Mobile, Landline/Alternate Mobile Number) as all correspondence from UCSL will be through that e-mail ID/Contact Number only.

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 through RADT, Guindy, Chennai.

Decl	laratıon	•
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I declare that the	particulars furnish	ed above are	true and corre	ect to the best of	my knowledge	and belief.

Place:	Name & Signature
Date:	