



NAGALAND TOOL ROOM & TRAINING CENTRE

(A GOVT. OF NAGALAND SOCIETY, INDUSTRIES & COMMERCE DEPTT.)

DIMAPUR : NAGALAND

Website: nttcdimapur.org.in

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Contact Us: 03862350031

APPLICATION FORM FOR DIPLOMA VOCATIONAL (D.Voc)

SECTORS : ☐ Diploma Vocational (D.Voc) in Automobile.

To be filled in **BLOCK** Letters.

1. Name of the Student Mr Miss.
2. Father's Name
3. Mother's Name
4. Guardian's Name
5. Gender
6. Date of Birth (DD/MM/YYYY)
7. Identification Mark
8. Aadhaar No.
9. Mobile No. of Father
10. Mobile No. of Mother
11. Mobile No. of Guardian
12. Mobile No. of Student
13. Email ID
14. Category: ☐ SC ☐ ST ☐ OBC ☐ General ☐ Others
15. Religion
16. Blood Group
17. Tribe / Community
18. Permanent Address
19. Present Address
20. Are you Physically Handicapped Yes No

ACADEMIC RECORD.

Name of Board/University	Year of Passing	% of Marks (all Subject)	Division	Main Subjects

DECLARATION

I..... do here by declare myself that the statement furnished above are true to the best of my knowledge and ability. If any document or statement submitted are found false, my admission may be cancelled without any prior information or warning by the Institute authorities. I further bind myself to observe the rules and regulations made from time to time by the Institute authorities. I promise to abide by the rules and regulations of the Institute and Hostel failing which even if I am expelled both from institute and Hostel I will have no objection in whatsoever.

Date.....

Signature of Parents/Guardian

Name of Student/Signature

Xerox Copies of the Documents to be attached with application form :-

1. Mark-sheet : 2 Copies
2. Admit Card : 2 Copies
3. Pass Certificate : 2 Copies
4. Passport Size Photograph (Color) : 2 Copies
5. ST/SC/OBC/General Certificate : 2 Copies
6. Indigenous Certificate : 2 Copies

- All Copies should be Self Attested.
- Original Documents to be produced at the time of Interview.

For Office Use Only

Admission Form Serial No:.....

Admission Status: ☐ Selected ☐ Rejected

Admission No:.....

Admission Date:.....

Signature of Department Head