



Application Form For Manglam ITI

Registering for Course

Applicant Information

First Name	Middle Name	Last Name
Date of Birth (DD/MM/YYYY) : <input type="text"/>		
Gender <input checked="" type="radio"/> Male <input type="radio"/> Female		
Category <input checked="" type="radio"/> General <input type="radio"/> SC <input type="radio"/> ST <input type="radio"/> OBC		
Contact no.	<input type="text"/>	
E-mail id	<input type="text"/>	

Parent Information

Father's Name :	<input type="text"/>		
Mother's Name :	<input type="text"/>		
Home Address :	<input type="text"/>		
Phone	Mobile	E-mail	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Zip	State	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Language(s) Known

English Hindi

Nationality

Citizen of Country

Education

Examination Passed	Year	Board / University	Percentage
Class X	<input type="text"/>	<input type="text"/>	<input type="text"/>

Remarks :