

Government of N.C.T. of Delhi
Department of Training & Technical Education
World Class Skill Centre, Vivek Vihar, Delhi-110095

Acknowledgement Card

(Admission Session-August 2017)

Registration No.....

Self
authenticated
passport size
photograph to
be pasted here

Received Application form along with number of enclosures with registration fee of Rs. 150/- in cash from Sh./Smt./Km.
Category having % age of marks in qualifying exam
date of birth

Dated:

Name & Signature of receiving
official with date and stamp

IMPORTANT DATES FOR ADMISSIONS

- Availability of Information Bulletin for download : 10.07.2017 to 25.07.2017
 - Last date of receipt of filled applications : 25.07.2017 upto 4 pm.
 - Display of tentative merit list : 28.07.2017 at 2 pm.
 - Date of receiving of objections on merit list : 29.07.2017 upto 2 pm.
 - Display of merit list (after correction if any) : 31.07.2017 at 4 pm.
 - Conduction of IT Test (MCQ) (9 am. to 4 pm.) : 01.08.2017 to 04.08.2017
 - Display of interview schedule : 07.8.2017 at 11am.
 - Commencement of interviews (10 am onwards) : 08.08.2017 to 11.08.2017
 - Display of Allotment list & schedule of : 14.08.2017 at 4 pm.
- Selected candidates:-**
- 1st installment of Fee deposit after verification of document as per schedule. : 16.08.2017 to 19.08.2017
 - Display of Schedule for Admission against vacant seats, if any. : 21.08.2017 at 4 pm
 - Orientation of the batch : 21.08.2017 at 10 am

9. Aadhaar Card Number:
10. Permanent Address:
 City..... State..... Pin code.....
11. Local Address
 City..... State..... Pin code.....
12. Mobile/Phone no. E-mail id (mandatory)

Declaration: -

1. I declare that the particulars given in the Application form are correct to the best of my knowledge and belief. Certificates and mark sheets submitted by me are genuine. If at any stage, any information(s)/document(s) is found to be false/faked. I am liable to be discharged from the Institute/penalized by withholding/declaring result invalid & liable for prosecution under Indian Penal Code.

2. I shall abide by the rules and regulations of the Institute, observe discipline and punctuality, pay my dues regularly, shall not take part and associate myself with activities of any outside agency. I am liable for any disciplinary action by the authorities in case I fail to comply with the above.

.....
 Signature of Parent/Guardian
 Name of the Parent/Guardian
 Dated

.....
 Signature of Applicant
 Name of the Applicant

Note : -

1. Applicant must read the Information Bulletin carefully before filling up the Application Form.
2. Quote Registration number as reference for any further correspondence.
3. Applicant have to deposit Rs.150/- in cash as **Registration fee** at the time of submission of filled Application form at the WCSC, Campus ITI (W), Vivek Vihar, New Delhi-95 as Admission centre.
4. In the absence of complete documents/certificates the Application form will be rejected summarily and no plea whatsoever will be entertained.
5. A certificate of equivalency from the approved board by the applicant is to be produced if applicable.

Check list of Self Authenticated photocopies of the enclosures: (tick the box)

1. Date of Birth Certificate.
2. SC/ST/OBC Certificate from competent authority. State from where certificate is obtained:_____ Date mentioned on certificate: _____
3. Mark sheet of the qualifying Examination (10th & 12th).
4. The certificate of Disability from the competent Authority Board.
5. Any other relevant document attached _____

(To be submitted at the time of Admission)

FORM OF MEDICAL CERTIFICATE

(To be signed by Registered Medical Practitioner)

I certify that I have carefully examined Sh./Smt./Km.....
son/daughter/wife of Shri whose signature is given below. As
a result of his/her examination I certify that nothing adverse has been found which may
disqualify him/her from admission to a technical institution under the Government of Delhi.

I have to further add that:-

1. His/her eyes appear to be
2. His/her heart & lungs are clear
3. His/her weight is
4. His/her height is
5. He/she does not wear glass/wear glass with vision
6. He/she has not had any disease, mentally and bodily infirmity, which will make
him/her unfit in the near future for an active life and training.

Mark of identification

Signature of the candidate

.....

Name & Signature of the Medical Officer

with seal & Registration no.....

(To be submitted at the time of Admission)

CHARACTER CERTIFICATE

Certified that I know Sh./Smt./Km
son/daughter/wife of Shri
resident of from the last
years months. To the best of my knowledge and belief, he/she bears a good
moral character and is of nationality.

It is also to certify that Sh./Smt./Km is not
related to me.

Place:-

Dated:-

Signature

Name (in Capital Letters)
Designation & Address with Stamp

This certificate should be from any one of the following:-

1. Principal/Head Master of the recognized School/ College/ Institution where the Candidate studied last.
2. Gazetted Officer of Central or State Government.
3. Members of Parliament or State Legislature belonging to the constituency where the candidate or his parent/ guardian is ordinarily resident.
4. Sub-Divisional Magistrates/Officers.
5. Tehsildars or Naib/Deputy Tehsildars authorized to exercise magisterial powers.
6. Block Development Officer.

(To be submitted at the time of Admission)

UNDERTAKING ON PROHIBITION OF RAGGING

I, _____ son/daughter/wife of Shri _____ resident of _____ hereby declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished appropriately.

Place: _____ Signature of the Candidate:

Dated: _____ Name of the Candidate:

I, _____ Father/Guardian of Mr./Ms. _____ resident of _____ hereby

declare that I am aware of the law regarding prohibition of ragging and I agree to abide by the punishment meted out to my ward in case the latter is found guilty of ragging.

Place:
Dated:

Signature of Parent/Guardian:

Name of Parent/Guardian:

(To be submitted at the time of Admission)

UNDERTAKING

1. I am liable to be struck off from the roll of Institution without notice in case I remain absent for 10 consecutive days without information / sanction of leave, unsatisfactory progress in the training, short of attendance below 50 %, failing in the aptitude test, committing breach of discipline in the Institute.
2. I shall get two sets of prescribed uniform stitched within Ten days from the day of reporting at admitted institute positively and shall wear the same daily.
3. I shall have no objection in attending Institution as per the existing or changed timing by the institute as per shift timing.
4. I shall maintain at least 80% attendance in each subject for making me eligible for appearing in the each examination.
5. I have no objection if I will be transferred to any other Institute due to any administrative reason whatsoever.
6. I will not carry/use mobile phone in the WCSC campus.
7. I, hereby, declare that I am aware of the law regarding prohibition of ragging as well as the punishments, and that, if found guilty of the offence of ragging and/or abetting ragging, I am liable to be punished as per guideline issued by the Honourable Supreme Court of India.
8. I will attend the Industrial visit / On-Job Training during the training period at various Industries at my own risk. In case of any accident, mis-happening or riots i/we will not held the Institute/Industry responsible for the same.

In case, I/we fail to abide myself as stated above, the Principal/Head of the Institute is empowered to take disciplinary action against me as per rules.

Yours faithfully,

Dated:-

.....
(Full Signature of Parent/Guardian)

.....
(Full Signature of the Candidate)

Name:.....
(Block Letters)

Name:.....
(Block Letters)

Relation with candidate

Course

Candidate's WCSC Roll No.

**Certificate for Availing Admission against Defence Quota Office
of the Zila/Rajya Sainik Board**

This is to certify that Sh/Ms..... son/daughter of
Shri.....resident of.....
the above named officer/ JCO/ OR pertains to the category marked below:-

(Select one from below)

- (a) Killed in Action on.....during
- (b) Disabled in Action on.....during.....
- (c) Died in peace time on.....with death attribute able to
military service.
- (d) Disabled in peace time with disability attributable military service.
- (e) Gallantry Award Winner (.....)
- (f) Ex-Serviceman.
- (g) Serving Soldier

(Category__above)

His/her Ex-Serviceman/Widow Identity Card No.
is.....

NO./RSB
(Round stamp of Office)
Board)

SECRETARY
(Zila / Rajya Sainik