



IJRTS TAKSHILA FOUNDATION

(Reg.No. U80902HR2022NPL104244)

Skill Development Division

www.takshila.org.in

+91 88 1800 1872

+91 93 5089 3768

Registration Details

Please fill the form below correctly

Applicant Information

Full Name: _____ Sex: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

ID Card Type: _____ ID Card No.: _____ Date of Birth: _____

How did you hear about us?: _____

Please provide details & attach supporting documentation.

Education

Please list your qualifications below and attach certified copies of your academic transcripts/report when you submit this application form. If you are currently completing a qualification, please indicate when you expect to complete this study.

Examination Passed	Board/University	Month/Year of Passing	Subjects	Percentage of Marks

Other (Provide Details): _____ Use additional sheets if necessary

Other Details

Please provide details & attach supporting documentation.

Father/Husband Name: _____ Mother's Name: _____ Category: _____

Course Applied for : _____ Session: _____

Additional details: _____ Signature of Candidate: _____

References

Please list two academic references.

Full Name: _____ Email ID: _____

Details: _____ Phone: _____

Address: _____

Full Name: _____ Email ID: _____

Details: _____ Phone: _____

Address: _____

Employment (If any)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Other Details (if any): _____

May we contact your employer for a reference? YES NO

Disclaimer and Signature

I certify that my responses are true and complete to the best of my knowledge.

I understand and agree that any false information in the application form may lead to the cancellation of the degree/diploma/certification in future.

I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Photograph

Candidate

Parent/Guardian

Why You want to apply for this Particular Course? Explain.