



www.gramtarang.in



Centurion
UNIVERSITY



Gram Tarang Employability Training Services

ORTEL DAYITWA APPLICATION FORM

Ortel Dayitwa Office (for official use only)

GTET Centre ☐ Jatni ☐ Paralakhemundi ☐ Koraput ☐ Rayagada
☐ Bolangir ☐ Keonjhar ☐ Balasore

Application Date: (to be filled by the applicant)

Photo

I. PERSONAL DETAILS:

A. Candidate's Name:
(First) (Middle) (Surname)

B. Father's Name:

C. Mother's Name:

D. Date of Birth: E. Sex:

F. Nationality: G. Physical Disability:

H. Religion: Details, If Yes:

I. Category: J. Monthly Family Income

K. Mother Tongue: L. BPL Card No. (If applicable)

M. Languages Known: N. Relationship with BPL Card Holder:

O. Place of Birth: P. Marital Status:

II. TRADE IN WHICH ADMISSION IS SOUGHT:

1st Preference : 2nd Preference :

#	Trade ଚୂଛି	Qualification ଯୋଗ୍ୟତା	#	Trade ଚୂଛି	Qualification ଯୋଗ୍ୟତା
1.	Industrial Sewing Machine Operator	5 th Pass	5.	Retail / Hospitality Management	10 th Pass
2.	Computer Operator / BPO Associates	12 th Pass	6.	Electrician	10 th Pass
3.	CNC Operator	+2 Science / ITI Fitter	7.	Others (Please Specify.....)	

III. EDUCATIONAL QUALIFICATIONS:

A. General Qualification:

Below 5 th	5 th	8 th	10 th	12 th	Graduate	Post Graduate
-----------------------	-----------------	-----------------	------------------	------------------	----------	---------------

Area of specialization: _____

B. Professional Education: _____

Examination Passed	Board / University	Institution	Place	Year	Marks

VI. CONTACT DETAILS:

Present Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/
Village:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone: _____

Mobile: _____

Permanent Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/
Village:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

E-Mail : _____

DECLARATION

I, S/O or D/O or W/O.....

aged resident of hereby declare that all information provided is true to the best of my knowledge and belief. I hold myself solely responsible if any information is falsely provided or found incorrect.

Date:

Place:

.....
Signature of the Candidate