



UDUPI COCHIN SHIPYARD LIMITED (UCSL)
Ministry of Ports, Shipping and Waterways, Government of India
MALPE, KARNATAKA

Annexure-I

**APPLICATION FORM FOR APPRENTICESHIP TRAINING UNDER THE
APPRENTICE ACT, 1961**

To
The Human Resource Department
Udupi Cochin Shipyard Limited
Harbour complex
Malpe, Udupi – 576108

Affix recent
passport size
photograph

Ref. No: No.UCSL/HR/APP/VN-GAT/DAT/ITI//2024/16 dated 14 October 2024

NAME OF THE TRADE APPLIED (Select any one suitable trade)

Sl. No.	Designated Trade	Select ✓
1	Diesel Mechanics/Bench Fitters/Instrument Mechanic	
2	Electrician	
3	Welder	
4	Plumber	

1	Enrolment/Registration No. as indicated in web portal www.apprenticeshipindia.gov.in	
2	Full Name (as in Aadhar)	
3	Aadhar Number	
4	Father's Name	
5	Date of Birth	
6	Place of Birth	
7	Age as on 04.11.2024	Years Months Days
8	Gender	

9	Marital status											
10	Nationality											
11	Present Address for Correspondence (Postal)											
12	Permanent Address											
13	#Contact Details	E-mail address: Mobile No: Emergency Contact No:										
14	Whether belonging to	<table border="1"> <thead> <tr> <th>SC</th> <th>ST</th> <th>OBC</th> <th>EWS</th> <th>GENERL</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	SC	ST	OBC	EWS	GENERL					
SC	ST	OBC	EWS	GENERL								
15	Languages known	<table border="1"> <thead> <tr> <th>To read</th> <th>To write</th> <th>To speak</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	To read	To write	To speak							
To read	To write	To speak										
16	Whether Physical Handicapped	Yes / No (if Yes, please mention category of)										
17	Disability	OH/HH/VH – Percentage of Disability_____%										
18	Heigh in Cms Weigh in Kgs											

19	Educational Qualification:			
Name of the Institute/College	Year of Passing	Subject/ITI Trade	Total Marks Obtained (%)	Duration of ITI Course (1Yr/2Yrs)

Applicants should ensure that they enter valid e-mail ID and Contact Numbers (Mobile, Landline/Alternate Mobile Number) as all correspondence from UCSL will be through that e-mail ID/Contact Number only.

Certified that the above information is correct and true. If found false, my application will be rejected and if the training has begun. I will be removed from the training apart from recovery of the stipend and cost of training through RADT, Guindy, Chennai.

Declaration:

I declare that the particulars furnished above are true and correct to the best of my knowledge and belief.

Place:

Name & Signature

Date: