



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

**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-ReN-GAT/DAT/ITI//2025/64 dated 22 December 2025

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

Sl. No.	Designated Trade	Select ✓
1	Bench Fitter/Sheet metal worker	
2	Electrician	
3	Welder	
4	Plumber	

1	Enrolment/Registration No. as indicated in web portal <a href="http://www.apprenticeshipindia.gov.in">www.apprenticeshipindia.gov.in</a>	
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 22 December 2025	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	SC	ST	OBC	EWS	GENERL	
15	Languages known	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: