

Serial No:.....



Gedee Technical Training Institute

(A Unit of GD Naidu Charities)
Coimbatore – 641 018.

Passport Size
 Photograph
 (35 x 45 mm)

APPLICATION FORM

Note : 1. Read the Guidelines before filling the application form
 2. This application form must be filled neatly and clearly using black ink or ball point pen by applicant.

COURSE APPLIED FOR						
CATEGORY (put ✓ in the box)	<input type="checkbox"/> MERIT	<input type="checkbox"/> REGULAR	<input type="checkbox"/> SPONSORED			
1. Full Name (Capital Letters)						
2. Surname (if any)						
3. Father's Name (Capital Letters)						
4. Date of Birth (d / m / y)						
5. Age (as on 01.07.20.....)						
6. Nationality			7. Gender	M / F		
8. Religion	*Caste Put ✓	SC	ST	BC	MBC	OTHERS
9. Permanent Postal Address :						PIN:
	Tel :	e-mail :				
10. Correspondence Address:						PIN:
	Tel :	e-mail :				
11. Contact Address, in case of an Emergency	Name :					
	Relationship :					
	Address :					
						PIN:
	Tel :	e-mail :				

* Candidates applying for Diploma in Precision Machining Technology course only :

1. Must attach a copy of Community certificate from relevant authority
2. Candidates who studied outside Tamilnadu should submit Migration Certificate on admission.

12. Educational Details – Secondary Level						
Name of the School / Institution	Period	Examination Passed	% Marks Scored			No.of.At tempts
			English	Mathematics	Science (Physics +Chemistry)	
13. Educational Details – Higher Secondary / College Level						
Name of the School / Institution	Period	Examination Passed	% Marks Scored			No.of.At tempts
			English	Mathematics	Science (Physics +Chemistry)	
14. Technical Education Details						
Name of the School / Institution	Period	Examination Passed	% Marks Scored		No.of.At tempts	
			Subjects	Marks		
15. Extra Curricular Activities	1. 2. 3.					
16. Hobbies of Interest	1. 2. 3.					
17. Had you been a member of	1. Scout Yes / No 2. NCC Yes / No 3. Home Guard Yes / No					
18.Physical Statistics	Height :cms Weight : Kgs					
19. Do you use Power Lens for Eyes ? If yes, indicate Power	Short sighted / Long Sighted R..... L					
20. Do you suffer from colour blindness?	Yes / No					

21. Family Details						
Name		Education Level	Age (Year)	Profession	Monthly Income(Rs)	
1. Father						
2. Mother						
3. Brothers	1.					
	2.					
	3.					
4. Sisters	1.					
	2.					
	3.					
22. Details of Grand Parents						
	Description	Living	If Living, Age	Description	Living	If Living, Age
1	Grand Father (Paternal)	Yes / No		Grand Mother (Paternal)	Yes / No	
2	Grand Father (Maternal)	Yes / No		Grand Mother (Maternal)	Yes / No	
23. Other Sources of family income, if any						
Source		Monthly Income (Rs.)		Annual Income (Rs.)		
1.						
2.						
3.						
24. Have you suffered / been hospitalized due to any of the following illness during the past 5 years? If answer is 'Yes', Give details of illness, duration, treatment received, hospital, name of the doctor, etc in separate sheet						
Has the applicant suffered from any disease such as						
1.						
Asthma		<input type="text"/>	Tuberculosis	<input type="text"/>	Jaundice	<input type="text"/>
Heat Disease		<input type="text"/>	Depression	<input type="text"/>	Meningitis	<input type="text"/>
Epilepsy		<input type="text"/>	Tetanus	<input type="text"/>		
2. Has the applicant undergone surgical operation? If Yes, give details:						
3. Has the applicant got any specific allergy, if so mention?						
25. Blood Group: (Attach test report)						
26. Do you smoke?		Yes / No				
27. Do you consume Alcoholic Drinks?		Yes / No				
28. Do you chew Betel, Pan, Opium or any other Stimulant items?		Yes / No				

29. Do you have any of your relatives / friends working in any of the UMS Group of Companies? If Yes. Indicate	Name and Relationship	Company / Section

30. Do you agree to execute a bond with GTTI as per clause of the Prospectus? Yes / No

31. Do you have passport?
If yes , Give details :

32. How did you come to know of this institution?

33. Why do you select this course?

34. Demand Draft Details (DD in favour of **G.D Naidu Charities** payable at **Coimbatore**)
DD Number : Date : Bank :

I hereby agree to abide by all the rules and regulations mentioned in the Prospectus, if selected for admission in the **Gedee Technical Training Institute**
I also declare that all the information given by me in this application form are true and correct to the best of my knowledge and if any information may be found or proved false in future, I shall be solely responsible for the same and I shall face the consequences including termination from the training.

.....
(Signature of Applicant)

Place :

Date :

.....
(Full name of Applicant)

Forward your application form duly filled with all details together with the Demand Draft to the following address by **REGISTERED POST** so as to reach on or before the date stipulated.

THE MANAGER (TRAINING)
Gedee Technical Training Institute
(Next to President Hall), 734, Avinashi Road, Coimbatore – 641 018. Tamilnadu, S.India
Tel : 0422 – 2217743, 2212658 Fax : 0422 – 2242760 Email : gtti@rediffmail.com

(FOR OFFICIAL USE ONLY)

Checked and Talled with Certificates By :
(for Phase 1 Entrance Exam) (Signature) (Name of Staff)

Entrance exam centre :

Exam No. Alloted :

Date : Place:

APPROVED REJECTED KIV

Date :
(Manager – Training)