



भारतीय सूचना प्रौद्योगिकी संस्थान, नागपुर

Indian Institute of Information Technology, Nagpur

“An Institution of National Importance by an Act of Parliament”

S.No. 140,141/1 Behind Br. Sheshrao Wankhade Shetkari Sahkari Soot Girni,
Village - Waranga, PO - Dongargaon (Butibori), District - Nagpur (Maharashtra) –

Website: www.iiitn.ac.in Email: director@iiitn.ac.in, registrar@iiitn.ac.in Phone: 9405215010

PRESCRIBED APPLICATION FORMAT – APPRENTICESHIP TRAINING

Advt. No.: IIITN/ADMIN/APPRENTICE/2025-26/02

Date: 26/02/2026

Application for Apprenticeship as	Graduate / Technician Apprentice (Please strike out which is not applicable)
A. Library Science Graduate/ General Stream / AI Apprentice.	
B. Technician – Civil / Electrical	

Affix Coloured
Passport Size
Photograph
signed across

Category (A): UR SC ST OBC EWS (Tick one, as applicable)
(B): PWD (Tick, if applicable)

1.	Name in Capital Letters	
2.	Fathers Name	
3.	Date of Birth (DD/MM/YYYY)	
4.	Gender	
5.	Age in Years as on 12/03/2026	
6.	Aadhar No.	
7.	Nationality	

8. Address for Correspondence :

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9. Contact / Mobile No.: _____ Email ID: _____



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	Qualification	Discipline	Name of the Institute, address and Name of University	Month & Year of Passing	% of Marks/ CGPA	Class/ Division
10.	10 th					
	12 th or Diploma (3 Years) (Attach all semester Marksheet)					
	Graduation (Attach all semester Marksheet)					
	Post Graduation (Attach all Semester Marksheet)					
	Others, if any					

11. Whether undergone OR currently undergoing Apprenticeship under Apprenticeship Act, 1961: Yes / No

12. Whether enrolled with NATS, if yes, please mention Enrolment No. _____

13.	Any other Relevant Information such as Computer Knowledge and Skills etc. which have not been included under the heads given above.	
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DECLARATION

I hereby, solemnly declare that the information furnished in this application are true and correct to the best of my knowledge and belief. If at any time I am found to have concealed/ suppressed any material/ information or have given any false details, my training shall be liable to be summarily cancelled / terminated without any notice or compensation.

Place:

Date:

Signature of the Applicant
Name: