

UDUPI COCHIN SHIPYARD LIMITED (UCSL)

Ministry of Ports, Shipping and Waterways, Government of India MALPE, KARNATAKA

Annexure-I

<u>APPLICATION FORM FOR APPRENTICESHIP TRAINING UNDER THE</u> <u>APPRENTICE ACT, 1961</u>

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

Affix recent passport size photograph

Ref. No: UCSL/HR/APP/VN-GAT/DAT/ITI//2025/49 dated 13 June 2025 NAME OF THE TRADE APPLIED (Select any one suitable trade)

Sl. No.	Designated Trade	Select ~
1	Diesel Mechanic/Bench	
1	Fitter/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 30 June 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	Тот	read	To w	rite	To speak
16	Whether Physical Handicapped	Yes / N	o (if Yo	es, please	mention	category of)
17	Disability	OH/HH/VH – Percentage of Disability%				
18	Heigh in Cms Weigh in Kgs					

19	Educational Qualification:				
	fame of the itute/College Passing		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		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.

Decl	laratıon	•
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I declare that the	particulars furnish	ed above are	true and corre	ect to the best of	my knowledge	and belief.

Place:	Name & Signature
Date:	