





GOVERNMENT OF INDIA MINISTRY OF TEXTILES

INDIAN INSTITUTE OF HANDLOOM TECHNOLOGY CHOKHA ROAD, NAYAPURA, JODHPUR - 342001.

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APPLICATION FOR FIRST YEAR ADMISSION

OF THREE YEAR DIPLOMA IN HANDLOOM & TEXTILE TECHNOLOGY AS A STIPENDIARY CANDIDATE

AFFIX HERE
PASSPORT SIZE
LATEST
PHOTOGRAPH

1.	Name of the applicant (Both in Hindi & Englishin Block Letters)	sh Hindi	·		
	III DIOCK Letters)	Tilliui	• • • • • • • • • • • • • • • • • • • •	•••••	
		English	:		
2.	Aadhar No.		:		
3.	Mobile No.		:		
4.	Email ID		:		
5.	Father's Name,	Hindi	:		
		English	:		
6.	Mother Name	Hindi	:		
		English	:		
7.	Occupation and Income of Parents		:		
8.	Present address of candidate on which correspondence is to be made with Phone/ Mobile no. & E mail (if any)		:		
9.	Marital status		: Married/Un-m	narried	
10.	Caste (SC /ST / OBC)*		:		
	Whether belong to Wea (if yes, attach proof) Economically weaker so (if yes, attach proof)	·	:Attached / Not At : Yes / No	tachedtached	

12.	Oate of Birth and age as on 1 st July of the year of admission			:				
13.	Rural/Urban			:				
14.	Blood Group			:				
15.	Permanent address with				:			
	Telephone no. & Mobi	ile No.		• •				
				•••				
16.	Name of the State of which you are a bonafide resident(**)			:				
17.	Nearest Railway Station (for Rly. Concession during vacation)			:				
18.	Name and address of local guardian (if any)			:				
19.	Whether accommodation in the hostel is required			:Yes / No				
20.	EDUCATIONAL QU	JALIFICATIO	ON:					
	Exams. Passed	Year	Division		% of marks	Subjects offered		
21.	Any prize/award recei	ved during stud	lent career				••	
22.	Whether interested in games/cultural activities Yes / No							
knowl Encl:	I hereby declare that edge and belief.		DECLARAT on's furnishe			correct to the be	est of my	
Place: Date:					_	nature of candidat	te)	
Note: certific Certifi	The candidate must scate from the last sch icate/School Leaving C al at the time of admissi If the candidate belon	ubmit one set ool or college ertificate from on.	of self-attest e attended an the last Scho	ed o d al ol/C	copies of certific l other certifica ollege attended v	ates /testimonials tes if any. The will have to be sul	e Transfer bmitted in	

application form. (**) Attested copy of the bonafide Resident Certificate from the District Authority must be furnished with the application form.

she must submit self- attested copy of the certificate from the Competent Authority with the

CERTIFICATE OF PHYSICAL FITNESS

I have examined Sh./Km./	S/o /
D/o	certified that his/her physical condition is sound and
he/she has no bodily disease or mental infirmity	unfitting him / her or likely to incapacitate him/her in the
future for manual work in the workshop.	
Date	(Signature of Regd. Medical Practitioner)
Place	Regd. No.
	Stamp