

**CHANDIGARH COLLEGE OF ENGINEERING & TECHNOLOGY, DIPLOMA WING,**  
**SECTOR-26, CHANDIGARH**

**INTEGRATING PERSONS WITH DESABILITIES IN THE MAINSTREAM OF TECHNICAL AND VOCATIONAL  
EDUCATION (PWD Scheme)**  
**(Sponsored by the MSDE, New Delhi, GOI)**

**APPLICATION FORM for admission to Formal Training Programme (Three Year Diploma)**

1.	Name of the Candidate	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1" style="width: 100%; height: 100px;"><tr><td></td></tr></table>	
2.	Father's Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
3.	Mother's Name	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						
4.	Category to which belongs _____	GEN/SC/ST/OBC																						
5.	Religion to which you belong (Hindu/Muslim/Sikh/Buddhist/Christian/ Parsi or any other) _____																							
6.	Date of Birth	<table border="1" style="width: 100%; text-align: center;"><tr><td style="width: 15%;">D</td><td style="width: 15%;">D</td><td style="width: 15%;">M</td><td style="width: 15%;">M</td><td style="width: 15%;">Y</td><td style="width: 15%;">Y</td></tr><tr><td><table border="1" style="width: 20px; height: 20px;"></table></td><td><table border="1" style="width: 20px; height: 20px;"></table></td><td><table border="1" style="width: 20px; height: 20px;"></table></td><td><table border="1" style="width: 20px; height: 20px;"></table></td><td><table border="1" style="width: 20px; height: 20px;"></table></td><td><table border="1" style="width: 20px; height: 20px;"></table></td></tr></table>	D	D	M	M	Y	Y	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>										
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7.	Nationality _____																							
8.	Sex: Male/Female _____																							
9.	Aadhar Card No: _____																							
10.	Bank Account Number: _____																							
11.	Name of Bank: _____, IFS Code: _____																							
12.	Name of Training Programme to which admission is sought (Give preference )																							
	a) Civil Engineering	i. _____																						
	b) Electrical Engineering	ii _____																						
	c) Mechanical Engineering	iii _____																						
	d) Electronics and Communication Engineering	iv _____																						
	e) Architectural Assistantship	v. _____																						
	f) Computer Engineering	vi _____																						
	g) Production & Industry Engineering	vii _____																						
13.	Address for Correspondence	_____																						
		_____																						
	Mob. No.	_____																						
	Phone No	_____																						
14.	Permanent Address	_____																						
		_____																						
	Father/Mother/Guardian	Mob. No. _____	Phone no. _____																					

15. Whether Candidates belong to U.T State or other State \_\_\_\_\_

16. Educational Qualification:-

Examination	School/College	Board/University	Subject	Year of Passing	% of marks

17. Nature of permanent Disability and percentage as per Medical Certificate issued by a competent authority:

- \_\_\_\_\_

18. Documents to be attached

- (a) Vocational Certificate from Vocational Rehabilitation Center (V.R.C)
- (b) Medical Certificate issued by an authorized Medical Officer of concerned specialty.
- (c) Education Qualification Certificate.
- (d) One photograph showing deformity in case of orthopedically handicapped.
- (e) One pass port size photograph pasted in the space provided & two extra photographs attached with application.

**DECLARATION:-**

(i) I do hereby declare that all the particulars stated by me in the form are true to the best of my knowledge & belief & nothing has been concealed therein . I also declare that I will abide by rules and regulations of the Institute.

(ii) Pass in matriculation or equivalent with pass in mathematics, Science (Physics Chemistry & Biology) and English as Compulsory subjects.

Date: - .....

.....  
Signature of candidate

.....  
Signature/Thumb impression of Parents/Guardian

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**FOR OFFICE USE ONLY**

The application form has been checked & found to be in order as per the requirement.

- i) Percentage of marks obtained:-
- ii) Candidates belong to U.T State or other State:-
- iii) Vocational Certificate from Vocational Rehabilitation Center (V.R.C) attached: - Yes/No
- iv) Medical Certificate attached: - Yes/No

Processing/scrutiny, officers/officials:- 1..... 2. .... 3. ....

Admitted in course: ----- Sr. no. -----

Admission Committee: - 1..... 2. .... 3. .... 4.....

Project Champion  
SPWD

Principal,  
(Chief Coordinator , SPWD)  
Chandigarh College of Engg. Tech,  
Diploma Wing, Sector- 26, Chandigarh.