

Annexure – 1

UNDERTAKING

(For wards of THDCIL Employees)

I, Staff No Designation
department hereby, declare that Mr. / Ms.
student of MBA(Fin)/MBA (HR) / MCA / BBA / BCA/ B.Tech/ Diploma in Engg etc. in
.....(College/ University) is my Son / Daughter.

(Signature of Employee)



टीएचडीसी इंडिया लिमिटेड THDC INDIA LIMITED

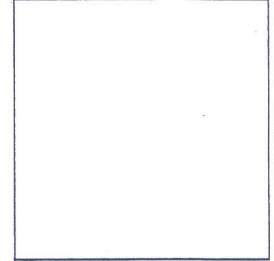
(भारत सरकार एवं उ.प्र. सरकार का संयुक्त उपक्रम)
(A joint venture of Govt. of India & Govt. of UP)

APPLICATION FORM FOR INTERNSHIP TRAINING IN THDCIL (SESSION 2018-19) (Part-A: To be filled in by the candidate)

To,

Date:

Head (HRD) THDCIL, Rishikesh
Sir,



Sub: Request for Providing Training.

1. Full Name of Applicant:
2. Father's / Mother's name:
3. Permanent address :
4. Mailing Address for communication:
5. Email Id : Contact No:
6. Date of Birth : Sex : M/F
7. Name of College with Address:
8. Name of course and year /semester.....
9. Discipline / Branch: % Marks/CGPA till current semester
10. Period of Training : Weeks/Months (From To)
 - Please mention choice of preferred location for Training. i) _____ ii) _____
 - Does any of your parent(s) working in THDCIL? If yes, then submit the duly signed undertaking (Annex - 1)
 - Does the applicant belong to "Project Affected Families" of any of THDCIL's project ?If yes, please submit the proof.

Declaration:

I will be responsible for the proper conduct during training in THDCIL. (As per THDCIL's Training guidelines Annex - 2)

Signature of the Applicant with date:

Part-B : For THDCIL Internal Process S. NO (To be filled in by Training Co-coordinator)

Recommended/Not Recommended for acceptance in THDCIL:
Period & Date : to Department & Unit.....
Training Co-coordinator: Signature.....