



F3 &amp; F4

**APPRENTICESHIP CONTRACT REGISTRATION FORM**1. Enrollment No. of student (As generated from [www.mhrdnats.gov.in](http://www.mhrdnats.gov.in)): 

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Category(Put <input checked="" type="checkbox"/> )	Graduate	Diploma	Tech.Vocational
Apprentice			

Affix a colour stamp size photograph with white back ground &amp; self-attested

3. Whether Sandwich Course student or not, State Yes/ No 4. Trade (Mention Specific Name)

Designated Trade	
Optional Trade	

5. Name of the Apprentice (Block Letters) (As per Mark Sheet)


6. Father's Name


7. Mother's Name


8. Address of apprentice

Address for Communication

Pin

E-mail ID :

Mobile No :

9. (Please Tick in appropriate box) 10. Age in Years ()

Male	Female	Transgender		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<18	>18

11. Date of Birth

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Whether He/She belong to: ()

S.C.	S.T.	O.B.C.	P.W.D.	Minority
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Education Qualification considered eligible for apprenticeship training under the Act:

Name of the Institution/ College University	Qualification	Period of course (Yrs.)	Specify Subject field/Trade	Year & Month of Passing	Enrollment No./Final Year Mark Sheet No.

14. Date of Commencement of Training

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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15. Date of Completion of Training

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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16. Period of Training

	Months
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17. Rate of Stipend payable by the establishment (₹) 18. Bank A/c No. to which STIPEND will be credited by the employer

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19. IFS Code of the Branch

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20. Name &amp; Address of the Employer

We, the Employer, Apprentice (the Guardian in the case of Minor Apprentices) hereby declare that we have read the Apprentices Act, 1961 and the Apprenticeship Rules, 1992 regarding the contract of apprenticeship training including obligations and agree to abide by all the provisions made thereunder. In case of default by the either the apprentice or the employer, we agree to compensate the other party as per the provisions of the Apprenticeship Rules, 1992 [Main Provisions of the Rules may be seen in the Enclosure. (\*)]

Pin <input type="text"/>									
Tel. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fax No.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail	<input type="text"/>								

21. Signature of Employer (with Seal)

22. Signature of Apprentice / Guardian

23. Signature, Name &amp; address of witness: 1.

2.

24. Signature of Surety with Name &amp; Address

FOR BOARD'S USE: Registered under Sec. 4 of the Apprentices Act

Vide Regn. 

REGIONAL CENTRAL APPRENTICESHIP ADVISER

P.T.O.