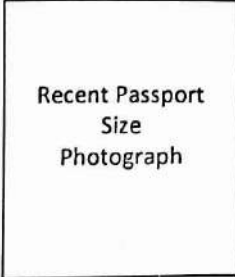


EXAMINATION FORM
AITT July-2026

1. Name of ITI.....
2. ITI MIS CODE.....
3. Registration No.....
4. Name of Applicant.....
5. Date of Birth.....6. Sex.....
7. Name of Father/Guardian.....
8. Trade..... 9. Duration of Course.....
10. Session.....11 Category.....
12. Full Address.....



Subject	Annual System		
	Session 2024-25 (2nd Year for Two Year Trade Course)	Session-2024-26 (For One Year Trade Course)	Session- 2025-27 (1st Year for Two Year Trade Course)
Practical			

(Note:- Please mark tick(✓) in appropriate box)

DECLARATION

I hereby declare that the information given above is true and correct. I have total.....% attendance during my training period. I should be Allowed to appear in AITT examination.

Date:.....

Name and Signature of the Applicant

(For Office Use Only)

Total Working Day.....

Total Present Day:

Percentage:-

DECLARATION

I hereby declare that the information given above is true and correct to the best of my knowledge and belief. The attendance of the said trainees is. (%)

The Candidature of above Trainee is verified by

Signature of Trade Instructor

Signature of Group Instructor

Signature of Bill Clerk

Principal/ Principal In charge
(Seal of Institute)