



**Ramakrishna Mission Blind Boys' Academy**  
**Narendrapur, Kolkata -700 103**  
 Phone : 2477-2201 (3 lines), 033-2428-7030  
 e-mail : [bbarkm@gmail.com](mailto:bbarkm@gmail.com), website : [www.rkmbba.org](http://www.rkmbba.org)



**INDUSTRIAL TRAINING INSTITUTE**

**ADMISSION FORM FOR I.T.I. TRADE**



**TRADE : METAL CUTTING ATTENDANT (MCA.)**   
**COMPUTER OPERATOR & PROGRAMMING ASSISTANT (COPA)**   
 [Please tick ✓ the appropriate box]

1. (a) Name of the Trainee (in Block Letters).....
- (b) Father's Name.....
- (c) Mother's Name.....
- (d) Guardian's Name .....
- (e) Relation with Guardian .....
2. (a) Present Address with Contact No. ....  
     & e-mail Id.....
- (b) Permanent Address .....
3. (a) Educational Qualification.....  
     of Parents/Guardian .....
- (b) Occupation of Parents/Guardian .....
- (c) Monthly Income of Parents/Guardian .....
- (d) Number of Family members .....
- (e) No. of Earning Members & Monthly Income .....
4. (a) Local Guardian with Address & Contact No.....
- (b) Relation with trainee .....
- (c) Occupation & Monthly Income .....
5. (a) Educational Qualification of the trainee :

Board/University/ Institute	Examination	Year of Passing	Subjects	% of marks

- (b) Date of Birth .....(c) Mother Tongue..... (d) Gender.....  
 (e) Religion ..... (f) Nationality ..... (g) Caste .....  
 (h) Marital Status ..... (i) Aadhar No.....
6. (a) Any other Disability apart from blindness .....  
 (b) Onset of Blindness .....  
 (c) Nature & Cause of Blindness .....  
 (d) Percentage of Blindness .....  
 (e) Details of Previous treatment .....  
 (f) Blindness of other family members (if any) .....  
 & relation with trainee .....
7. (a) Interest on Extra-curricular Activities .....  
 (b) Computer knowledge (if any) .....

8. **Doctor's Certificate :-**

I do hereby declare that Sri.....S/O.....  
 .....is physically fit except blindness and may stay at Hostel.

Date : Signature of Doctor ::.....  
 with Registration No.:.....

9. **Declaration of Parent/Guardian :-**

I do hereby declare that all the information mentioned in the application are true to the best of my knowledge & belief. I am fully aware about the rules and regulations of the Ashrama & the Academy. I must abide by all the rules of the Ashrama in general and modified rules (if necessary) by the authority in future. I must attend my son/ward twice in a month & escort home during long vacation scheduled by the authority. I do abide by all the decisions taken by the Academy in all respects.

Date : Signature of the Guardian :.....

Required photocopy of testimonials : (i) Age-Proof, (ii) Mark Sheet, (iii) Disability Certificate,  
 (iv) Caste Certificate, (v) Income Certificate, (vi) Others Proof.

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**OFFICE USE ONLY**

Principal's Comments :.....

Enrollment No. :.....

Date of Admission :..... Joining Date in Training :.....