



BOARD OF PRACTICAL TRAINING (EASTER REGION)

UNDER MINISTRY OF EDUCATION, GOVT. OF INDIA

DEPARTMENT OF HIGHER EDUCATION

Block - EA, Sector - I (Opposite Labony Estate), Salt Lake City, Kolkata - 700064.

Email: inf@bopter.gov.in, Website: www.bopter.gov.in

Form: INT-03/17

INTERNSHIP TRAINING PROGRAMME REGISTRATION FORM

PERSONAL DETAILS OF TRAINEE:									
Name of the Trainee (Capital Letters)	:								
Father's Name (Capital Letters)	:								
Mother's Name (Capital Letters)	:				·				
Gender (√)	:	Male	Fem		Tra				
Category (√)	, :	SC ST		OBC		GEN			
AADHAAR No./Govt. Id (for NE States)	:								
Contact/ Mobile No.	:								
Email ID	:								
Correspondence Address	•								
EDUCATIONAL DETAILS:									
Course (√)	:	Graduate		Diplon	na				
Discipline	:								
Semester	:								
Name of the Institute	:								
Name of the University	:								
Registration No. issued by University	:								
Training is a part of Curriculum ($$)	:	Yes N	0						
Institution's Letter No. & Date (Copy attached herewith)	:								
Name of Project undertaken during Training (if any)	:								
Training Period	:	Duration (Weel	ks)	Starting D	ate	Ending Date			
ESTABLISHMENT DETAILS: Name & Address									
		Signature of Employer (with Seal)							
FOR BOARD'S USE:									
Registration No.									
		(Regional C	Centr	(Signature) al Apprentic	eship	Adviser)			

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APPRENTICESHIP CONTRACT REGISTRATION FORM

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