Contract of Apprenticeship Training for Major/Minor Apprentices (to be prepared in triplicate)

Nam	e and Address of Establish	nment	Recent
			Photograph
Talanh	one NoFax No		of Apprentice.
	imE.mail address		
2.	a) Name of Apprentice	(Block letters)	
	b) Father's /Husband's 1	Name	
	c) Mother's Name		
3.	Correspondence Addres	58	
4.	Date of Birth		
5.	"A" series No.		
6.	Aadhaar No		
7.	PAN.No.		
8.	E-Mail ID		
9.	Mobile No		
10.	a) Date of execution of	contract	
	b) Age on the date of ex	xecution of contract	
11.	Whether belongs to SC/S	ST/PwBD/OBC. If so, please mention the ca	tegory
12.	Present Qualification: (a) General Education		
	(b) Technical		
	Name of the Tra	ade/Course	
	Duration of Tra	ining: From To	
	Name of the Ins	titute	
	Name of the Bo	ard/Council	
13.	Name of the Apprentice	eship Trade	
14.	a) Duration of Apprenticeship TrainingYearsmonthsb) Period of Apprenticeship Training: FromTo		
15.	Rates of Stipend: Xth –	Rs.6000/- p.m, XIIth & ITI – Rs.7000/-p.m ar- 10 % in the prescribed minimum stipend an	L

16.	a)	Name and Address of Guardian**	
			•••••
	b)	Relationship with the Apprentice	
17.	Name	and Address of Surety	

- 18. We UNDERSTAND that after completion of the training period, there is no obligation on part of the employer to offer any appointment nor on part of the apprentice to accept any employment.
- 19. We, the Employer, Apprentice/ Guardian** and the Surety solemnly declare that we have read the Apprentices Act 1961, and the Apprenticeship Rules 1992 regarding the Contract of Apprenticeship Training including obligation and agree to abide by all the provisions made there under. 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.

Signature of the	Signature of	Signature of	Signature of
Officer with seal	Apprentice	Guardian	Surety
	<i>**(in case of minor apprentices)</i>		

20. Two Witnesses

	Witness 1	Witness2
Signature		
Name		
Residential Address		

21.	1. To be filled in by the Office of the Apprenticeship Advisor:		
	i)	Registration No	
	ii)	Date:	
	iii)	Place:	
			Signature and seal of the
			Regional Central Apprenticeship Advisor