APPLICATION FORM FOR A. T. A. PART-I EXAMINATION (YEAR..................)

A. TO BE FILLED IN BY THE EXAMINATION SECTION OF THE CENTRAL OFFICE:

1. Full Name ........................................................................................................................................
   (Capital letters) Surname First Middle

2. Application Approved/Not Approved (Reason) ...........................................................

3. Examination Seat Number .................................................................................................

4. Centre .............................................................
   Date ...............................................................
   Chairman
   Professional Awards Committee

B. TO BE FILLED IN BY THE APPLICANT:

1. Full Name ........................................................................................................................................
   (Capital letters) Surname First Middle

2. Date of birth ........................................... Age ...................................... Year (Completed) .........................

3. Address for Communication ........................................................................................................

..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

Resi. Tel. ...................................................... Off................................................. Mobile ...................................

E-mail : ........................................................................................................................................

4. Are you a Life Member ................................................................. ........................................
   Yes  No

5. Since when you are member of The Textile Association (India) ? ...........................

6. To which Unit do you belong? ...........................................................................................

7. Educational Qualification

(a) Have you passed the S. S. C. or its equivalent with
   Mathematics and Science? ................................................................. ........................................
   Yes  No

(b) Have you attached an attested Xerox copy of the certificate to that effect
   ...................................................................................................................................................
   Yes  No

(c) Which exam, higher than S. S. C. Exam have you passed .........................
   ...................................................................................................................................................
   Yes  No
8. (a) Professional Experience:

<table>
<thead>
<tr>
<th>Designation</th>
<th>Organization</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) .................................. (present)</td>
<td>..................................</td>
<td>..................................</td>
</tr>
<tr>
<td>(ii) ................................. (Immediate Past)</td>
<td>..................................</td>
<td>..................................</td>
</tr>
</tbody>
</table>

(b) Have you attached a certified copy about your present job in Textile Mill Organisation?  

Yes [ ] No [ ]

9. Examination Centre at which you wish to appear for the Examination?  .................................................................

C. TO BE FILLED ONLY BY ATACHE OR FAILED CANDIDATES.

a. In which subjects do you wish to appear this year for ATA Part-I? (write name of the subject)

(i) ................................ (ii) ................................. (iii) ................................. (iv) ................................. (v) .................................

b. In which subjects of ATA Part-I exemptions are granted?

(i) ................................ (ii) ................................. (iii) ................................. (iv) ................................. (v) .................................

c. If so, state the recent year, Centre and Seat No.  .................................................................

D. DECLARATION BY THE CANDIDATE: (Tick mark (√) when you confirm with the statement

(a) I certify that the information given above is true and accurate

(b) I have filled in the application form completely.

(c) I have attached the following certificates:

(i) S. S. C. Mark Sheet - Xerox or Certified Copy of Original mark sheet

(ii) Employer’s Certificate (iii) Exemption Certificate (if applicable) i.e. Marksheet of ATA Part-I Exam.

(d) I have paid the Registration fees of Rs. ....................... and examination fees of Rs. ....................... At the ................................. Unit.

Date ........................................ Place ........................................ Signature of the Applicant

E. TO BE FILLED IN BY THE SECRETARY OF THE UNIT:

(i) Certified that the candidate has paid all the dues towards subscription of the Membership upto date.

(ii) We have received the Registration and Examination fees vide our Receipt No. ............ Dated .............

(iii) The Application was received before the specified last date.

(iv) The certificate tick-marked in D above are attached.

Date ........................................ Place ........................................ Signature of the Secretary of the Unit with Seal

N.B.: Please fill in the attached Identification Card preferably in presence of the Hon. Secretary of your unit.