



APPLICATION FORM

(For admission in Distance Learning Programmes)
(Academic Session : 2026-27)



Regn. No.
(To be filled by Office)

NORTHERN INDIA TEXTILE RESEARCH ASSOCIATION

(Linked to Ministry of Textiles, Govt. of India)

Sector-23, Raj Nagar, Ghaziabad-201 017, Ph.: (0120) 2807390-95.2783586/92

E-mail: mail@nitratextile.org Website: nitratextile.org

1. Program Applied for :
2. Full Name (in CAPITAL letters) :
3. Gender (Male/Female) :
4. Father's /Husband's Name :
5. Mother 's Name :
6. Date of Birth :
7. Mobile No.(whatsapp) :
8. Email :

Paste your recent
color
photograph and
sign across the
photograph

<p style="text-align: center;">9. Address for Correspondence</p>	<p style="text-align: center;">10. Permanent Address</p>
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11. Educational Qualifications (Mention all qualifications starting from latest to class 10th):

Examination	Name of the school/college	Board/ University/ Institute	Year of Passing	Subjects	%Marks obtained

12. Experience (Furnish details of employment, if any)

Sr. No	Name of Organization	Designation	Duration	Job Responsibilities

13. If anyone from your family/relatives/friend has done any program from NITRA, please furnish the following information

Sr. No	Name	Relationship	Program	Year of Admission

14. References: Give TWO references who can be contacted in case of an emergency

Name :	Name :
Relationship:	Relationship:
Phone No :	Phone No :

15. Enclosures:

Candidates are advised to attach 1 SET of self-attested photocopy of following documents along with application form:

1. Self attested photocopy of Class X passing certificate
2. Self attested photocopy of Marksheets of Class X, XII, Diploma/Graduation
3. Self attested photocopy of Aadhaar Card/Voter ID
4. One recent color photograph (with your name on the back of photo)

DECLARATION

I hereby declare that the above-mentioned information provided by me is correct and true to the best of my knowledge. I further declare that I have gone through the information brochure and understood the information given therein and agree to abide by them.

Date.....

Place

Signature of the Applicant

-----**For Office Use Only**-----

Date of receipt of application form:

Sign.

Remarks: