



Western Coalfields Limited

(A Miniratna Cat-1 Govt of India Undertaking)
CIN:U10100MH1975GOI018626

HUMAN RESOURCE DEVELOPMENT DEPTT.

Web Site : www.westerncoal.nic.in / e mail ID : gmhrd.wcl@gmail.com

Telefax : 0712-2510869

APPLICATION FOR PRACTICAL TRAINING

CANDIDATE'S DETAILS	a	NAME OF THE CANDIDATE	
	b	GENDER (M / F)	
	c	NAME FATHER / HUSBAND	
	d	DATE OF BIRTH	
	e	COURSE PURSUING + SEM / YEAR	
	f	CONTACT NO (MOBILE)	
	g	POSTAL ADDRESS FOR COMMUNICATION	
	h	e-mail ID	
EDUCATIONAL INSTITUTE	a	NAME OF THE EDUCATIONAL INSTITUTE	
	b	NAME OF INSTI. HEAD OF TRAINING	
	c	CONTACT NO OF HEAD OF TRG AT INST.	
	d	DURATION OF SIP / INDUS. TRG.	
	e	DATE OF COMMENCEMENT	
	f	PREFERENCE PLACE FOR TRAINING	
FOR CIL'S EMPLOYEES	a	NAME OF THE EMPLOYEE	
	b	DESIGNATION	
	c	EIS / NEIS	
	d	PLACE OF POSTING (UNIT & AREA)	
	e	RELATION WITH THE STUDENT	
I hereby certified that the candidate applying for Practical Training at Western Coalfields Limited is related with me.			
Signature of the Employee			
FORWARDING	SEAL & SIGN OF FORWARDING AUTHORITY		SEAL & SIGN OF AREA TRAINING OFFICER

DECLARATION

I the undersigned declare that:

Please tick (✓) in the checkbox against Option)

- i) I am not related to any employee of WCL / CIL and I agree that I will need to pay a fee at the rate of Rs 1291/- plus Service Tax as applicable per week or as revised time to time, by Demand Draft or A/c payee Cheque in favour WCL, Nagpur payable at Nagpur.
- or
- I am related to Shri / Smt _____ Designation _____ employee of WCL/ CIL
- The informations given by me are true in best of my knowledge, if found any discrepancy my candidature may be rejected.
- ii) _____
- iii) I will abide by the rules and regulations of the company.

Signature of the Student

Documents to be attached with the Application form :

- (i) Letter of Educational Institute for Practical Training.
- (ii) Self Attested Photocopy of Current Identity Card issued by Educational Institute.

(2)

FOR OFFICE USE ONLY

- 1 ENROLLMENT NO at WCL HRD:
- 2 DEPARTMENT / AREA FOR TRAINING
- 3 NAME OF THE MENTOR
- 4 SIP TITLE
- 5 WHETHER RELATED TO EMPLOYEE WCL/CIL

YES

NO

FEE (IF APPLICABLE) Rs. _____

TAX Rs. _____

TOTAL Rs. _____

IN WORDS Rupees _____

Incharge of Training
WCL HRD

Payment Status

Number of D/D or Cheque	
Amount	
Date of Issue	
Name of the Issuing Bank	
Branch	
Address of Branch	
Date of Deposition of the DD/Cheque	
Reference	