

## APPRENTICES CONTRACT REGISTRATION CARD

[Under the Section 4 of The Apprentices (amendment) Act, 1961]

(Must be submitted within one month from the date of joining along with a copy of final year mark sheet authenticated with seal by the employer)

<p>a) Graduate Apprentice (GA) <input type="checkbox"/></p> <p>b) Technician Apprentice (TA) <input type="checkbox"/></p> <p>c) Graduate (Sandwich) Apprentice (GS) <input type="checkbox"/></p> <p>d) Technician (Sandwich) Apprentice (TS) <input type="checkbox"/></p> <p>e) Technician (Vocational) Apprentice (VOC) <input type="checkbox"/></p>	<p><b>Important</b> Affix firmly a Recent Passport Size Photograph and put employer's signature and organization's seal so that they appear partly on photograph &amp; ACRC</p>	<p><b>[To be filled by BOAT(WR), MUMBAI]</b> Registration No.:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Reg. Date:</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <p style="text-align: center;">Registered Under Section 4 of The Apprentices Act.</p> <p style="text-align: center;"><b>REGIONAL CENTRAL APPRENTICESHIP ADVISER</b> BOARD OF APPRENTICESHIP TRAINING (W.R.), MUMBAI</p>	D	D	M	M	Y	Y	Y	Y																		
D	D	M	M	Y	Y	Y	Y																					
<p><b>1. Gender</b></p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p>																												
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="color: red; font-weight: bold;">Do not pin or staple</p> </div>																												
<p><b>2. Name of the Apprentice (in capital letters as given in examination mark sheet)</b></p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">(Last Name)</td> <td style="width: 33%;">(First Name)</td> <td style="width: 33%;">(Middle Name)</td> </tr> </table>			(Last Name)	(First Name)	(Middle Name)																							
(Last Name)	(First Name)	(Middle Name)																										
<p><b>3. (a) Permanent Address</b></p> <p>Pin Code:</p>	<p><b>(b) Present Address</b></p> <p>Pin Code:</p>	<p><b>(c) Whether belongs to:</b></p> <p>General Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Schedule Caste Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Schedule Tribe Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other Backward Class Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Nomadic Tribes Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Minority Community Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Specify minority Community)</p> <p>Physically Handicapped Yes <input type="checkbox"/> No <input type="checkbox"/></p>																										
<p>Telephone No :                      Mobile No :</p>		<p><b>4. Date of Birth</b></p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y																		
D	D		M	M	Y	Y	Y	Y																				
<p>Email :</p>																												
<p><b>5. Qualifying Examination for apprenticeship training [Degree / Diploma / HSC (Voc)]</b></p>	<p><b>Name of the University / Board</b></p>	<p><b>Discipline / Branch</b></p>	<p><b>Date of declaration of result</b></p>	<p><b>Exam Seat No.</b></p>																								
<p><b>6. Date of commencement of Training*</b></p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y	<p><b>Period of training:</b></p> <p>From</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <p>To</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	<p><b>Rate of stipend</b></p>
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
D	D	M	M	Y	Y	Y	Y																					
<p><b>*Note:</b> Date of commencement of training must be after date of declaration of result</p>																												
<p><b>7. Name &amp; Address of the Employer</b></p> <p>Pin Code : Phone No : Fax No : E-mail id :</p>			<p><b>8. Name &amp; Address of the Surety.</b></p> <p>Pin Code : Phone No : Fax No : E-mail id :</p>																									

- Note:**
- This Contract Registration Card must be submitted with both pages appearing **back to back** and not on separate sheets.
  - This Contract Registration Card is liable for rejection in case any information in any clause is not furnished / partly furnished.

We, the Employer, Apprentice (the Guardian in the case of a Minor Apprentice), and the Surety hereby declare that we have read the contents of this Apprenticeship Contract as per The Apprenticeship Rules, 1992, as amended from time to time, and agree to abide by all the provisions made there under. We also declare that all the provisions of The Apprentices Act, 1961, as amended from time to time including those relating to Registration, and Termination of Contract, are binding on us. We also understand that training under The Apprentices Act do not guarantee a job with the employer/BOAT after the training is completed.

1. In the event of termination of Contract through failure on the part of the Employer to carry out the terms and conditions of the contract, he/ she shall pay to the Apprentice a compensation of an amount equivalent to three months of minimum stipend payable under The Apprentices Act.
2. In the event of termination of Contract through failure on the part of the Apprentice to carry out terms of the contract, the Surety at the request of the Apprentice hereby guarantees to the Employer and the Central Government the payment of such amount as may be determined by the Central Apprenticeship Adviser, towards the cost for training of the Apprentice.
3. The liability of the Surety shall not at any time exceed an amount equal to three months of minimum stipend payable under The Apprentices Act.

**Note: 1) The stipend shall be compulsorily paid by the Employer to the Apprentices for a particular month by the 10<sup>th</sup> day of the following month.**

**2) The documents, and information submitted by the establishment to this office in regard of the engaged apprentices shall be checked and verified by them scrupulously for correctness, and genuineness in all respects. Employers shall be solely responsible for any false / incorrect documents and information submitted to this office.**

Signature of Employer, and  
Seal of Establishment

Signature of Apprentice  
or Guardian (in case of a minor Apprentice)

Signature of Surety

Witness: 1.....  
(Name \_\_\_\_\_)

Witness: 1.....  
(Name \_\_\_\_\_)

Witness: 1.....  
(Name \_\_\_\_\_)

2.....  
(Name \_\_\_\_\_)

2.....  
(Name \_\_\_\_\_)

2.....  
(Name \_\_\_\_\_)

### SELF DECLARATION

(To be obtained from the candidate before joining as an Apprentice)

I \_\_\_\_\_ son / daughter of \_\_\_\_\_  
aged \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_ hereby solemnly affirm and state as under:

1. That I passed my Degree / Diploma / 10+2 Vocational Higher Secondary Certificate examination in (Subject) \_\_\_\_\_  
from \_\_\_\_\_

Polytechnic / College / School at (Place) \_\_\_\_\_. The date of declaration of my  
Final year result is \_\_\_\_\_

2. That after passing the above said examination

- a. I did not have training or job experience for one year or more.
- b. I did not undergo apprenticeship training at any place under The Apprentices Act.

What is stated above is true to the best of my knowledge and belief, and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

Date:

Place:

SIGNATURE

### CHECK LIST FOR EMPLOYERS

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> Apprentices Contract Registration Card (ACRC) is in a proforma as prescribed by BOAT (WR), Mumbai.</p> <p><input type="checkbox"/> Photograph of the Apprentice bears signature of employer with seal of establishment, both partly appearing on the Contract Registration Card as well.</p> <p><input type="checkbox"/> Mention of SC / ST / OBC / Minority / PH / Woman is made for the apprentice</p> <p><input type="checkbox"/> Employer's 'Seal' is affixed on the Contract Registration Card.</p> | <p><input type="checkbox"/> 'Self Declaration' is duly furnished and signed by the Apprentice.</p> <p><input type="checkbox"/> The photocopy of mark sheet of VIII<sup>th</sup> Semester of Engg. Degree course / VI<sup>th</sup> Semester of Diploma Course authenticated by the officer of the establishment by signing and affixing seal, is enclosed. (Copy of marksheet downloaded from internet is not acceptable).</p> <p><input type="checkbox"/> The Apprentice has passed all the previous semesters of the Engg. Degree / Diploma Course.</p> <p><input type="checkbox"/> ACRC is signed by the Employer, Apprentice, Surety and the Witnesses.</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|