



राष्ट्रीय अनुवाद मिशन * National Translation Mission

Application Form for Training of Translators

Batch		Dates are given at the end of this form. Mention here the dates of the batch you prefer to attend.						
01	Applicant's full name (including surname/family name in Capital letters)					For Office use only D. No.: Date:		
02	Mailing Address:					Paste your recent passport size photograph here		
	Place:			PIN:				
	E-mail:							
	Phone: Landline with STD code							
	Mobile No.:							
03	Date of birth: (Age as on the last date of Application)	Day	Month	Year	Age in years	Enclose copy of Birth Certificate (or SSC)		
04	Nationality of the Candidate:			05	Gender:	06	Marital status:	
07	Community/or Category	SC	ST	OBC	Minority	PH	General	
							Note: For PH, which category is to be mentioned. OBC certificate must be in the format of Government of India.	
08	Educational Qualifications:							
	Course	Board/University & Place		Year	Class	% /marks	Subjects Studied	
	Doctoral Degree Subject	University & Place		Year	Title of the thesis		Brief description about the research work	
09	Translation Experience, if any:							
	Sl. No.	Name of the original work			Language	Translated into		
	1							
	2							
	3							

10	Languages known (Mother Tongue to be underlined):				
	Language	Speak	Read	Write	Level of proficiency
	1				
	2				
	3				
	4				
11	Any other relevant information:				
<p>NOTE: Along with this application form, relevant copies of certificates, testimonials, etc. should be attached.</p>					
12	Declaration:				
<p>I hereby declare that all the information (entries made) given by me in this application form are true to the best of my knowledge and belief. I understand that if anything is found false at any stage, my participation will be terminated without assigning any reason thereof.</p>					
	Date:		Signature of the applicant:		
13	Endorsement by the Employer (for in-service candidates)/ Head of the Department (students and scholars):				
<p>Forwarded to the Director, Central Institute of Indian Languages, Manasagangotri, Hunsur Road, Mysore 570 006, Karnataka, India:</p>					
<p>The applicant Dr./Mr./Mrs./Ms. _____ who has submitted the application for Training of Translator conducted by the National Translation Mission, Central Institute of Indian Languages, Mysore has been working in this organization/ department/college/institution, namely, in the post of _____ in a temporary/permanent capacity with effect from_____. Further, it is stated that this may be treated as relieving order to enable him/her to attend the Training course for 3 weeks.</p>					
<p>The applicant Dr./Mr./Mrs./Ms. _____ who has submitted the application for Training of Translator conducted by the National Translation Mission, Central Institute of Indian Languages, Mysore is a student/research scholar in this department/college/institution, namely_____. Further, it is stated that this may be treated as relieving order to enable him/her to attend the Training course for 3 weeks.</p>					
Signature of the forwarding Officer:					
Name:					
Designation:					
Name of the Institution:					
Place:					
Date:					
Office Seal:					
14	Have you undertaken the above training in the previous year 2013-18. If yes, mention the batch no and date of training programme.			Yes / No	