

Ref No. (For office use only)

Date

I. BENEFISIARE'S DETAILS

A. Candidate's Name :

B. Father's Name :

C. Mother's Name :

D. Religion : Muslim Sikhs Parsi Christian Buddhist Others.....

E. Date of birth

F. Marital Status Yes No

G. Category Gen S/C S/T OBC

H. Person with Disability Yes No

I. Languages known

J. Monthly Income (in rupees).....

K- Type of Disability

L. PwDs Unique ID No.

Paste your
Photo here

II. EDUCATIONAL DETAILS

A. General Qualification

5th	8th	10th	12th	Graduate	Post Graduate
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B. Professional Education

III. CONTACT DETAILS

Permanent Address :

Mobile: E-mail:

V. DETAILS OF AADHAR

AADHAR Number: Voter ID Number:.....

VI. BANK DETAILS

Bank Account No..... Bank Name.

Branch..... IFSC Code.....

VII. COURSE DETAILS

Sector Job Role

NSQF level QP Code..... Batch No.

Declaration

I declare that all the information given by me is correct and true to my knowledge. I understand that in case of any information furnished above is found to be incorrect my admission/ Registration/ Certification shall be cancelled with all liabilities on me. I am interested to take Skill Development Training under Department of Empowerment of Persons with Disabilities, I have not taken the training earlier and I will follow all terms and conditions given by the Ministry.

Signature _____

Date _____

Document Enclosed with Application Form:

Copy of Aadhar Card, Voter ID Card, Cast Certificate, Disability Certificate, Education Qualification certificate, Bank Passbook and 2 Color Photographs with application form.