

Application form for candidate

Name of Candidate:-

Father's Name:-

Date of Birth:-

Aadhaar No. :-

Email:-

Highest Qualification:-

Mobile no. :-

Religion:-

Caste:-

Person with Special Ability Yes No

Belongs to:- Rural Urban

Complete Address:-.....

District:-.....

Whether willing to take a residential Course out of your district

Please select your Interest in Skill Training:-

Preference 1

Preference 2

Preference 3

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Signature of candidate

Date:-