

Application forms for various Short-Term Training Programmes under Skill Action Plan

Name: _____

Parentage: _____

Permanent Address: _____

_____ Pincode _____

Present Address: _____

_____ Pincode _____

Qualification: _____

Date of Birth: _____

Email: _____

Mobile No.: _____

Adhaar Card No.: _____

Programme Opted for:

Preference 1, if any _____

Preference 2, if any _____

Preference 3, if any _____

I hereby declare that the information provided by me is correct.

Signature of Candidate

Attachments:

01. Matriculation Certificate.
02. Date of Birth
03. Address Proof: Adhaar Card / Driving License
04. Domicile Certificate

