



**SKILL**  
DEVELOPMENT  
Division

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## ADMISSION FORM

Personal Information			
Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss. <input type="checkbox"/>	Name of Candidate:
Guardian Type:	S/O <input type="checkbox"/>	D/O <input type="checkbox"/>	W/O <input type="checkbox"/> C/O <input type="checkbox"/>
Name of Father/Husband/Care Taker:			
Date of Birth:	Age:	Mobile No.:	Alternate No.:
Gender:		E-mail:	
Category:	S/C <input type="checkbox"/>	S/T <input type="checkbox"/>	OBC <input type="checkbox"/> General <input type="checkbox"/> Proof Attach
Address:			
District:		State:	Pin Code:
Aadhar Enrollment ID: <input type="text"/>			
Aadhar Card No.: <input type="text"/>			
Sector:			
Job Role Name:		Job Role Sector:	

Educational Level	
5th to 8th: <input type="checkbox"/>	9th to 10th: <input type="checkbox"/>
11th to 12th: <input type="checkbox"/>	Graduate: <input type="checkbox"/>
Under Graduate: <input type="checkbox"/>	Post Graduate: <input type="checkbox"/>
Un-Educated: <input type="checkbox"/>	BPL Holder: <input type="checkbox"/>

Fee Details	Student Bank Details
Total Fee:	Bank:
Mode of Payment: Cash <input type="checkbox"/> D.D <input type="checkbox"/> Online Transfer <input type="checkbox"/>	Branch:
Receipt No.:	A/c No.:
Date:	IFSC Code:
	City: State:

I hereby declare that all the information given above is true & to the best of my knowledge.

Signature of the Trainee

Date

Signature of the Associate Training Centre Head  
(With Seal and Date)

To be filled by Centre Official	
Batch Start Date:	Batch End Date:
Assessment Date:	