

OTV CARES APPLICATION FORM Vocational Training for Women

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Last Date of Application is 15th February 2024

1. Eligibility Criteria:

- 1. Applicant should be women and be from economically weaker sections of Society.
- 2. The Household Income Criteria should be below Five (5) lakhs rupees per annum/year from Urban Area and Three 3 Lakhs rupees per annum/year from Rural Area.
- 3. Applicant should be a resident of Odisha for atleast five (5) years.
- 4. Minimum Educational Qualification should be 10^{th} Pass.
- 5. Should be in the Age Group of 18-35 years.

2. Personal Data:

1.	Name	:-
2.	Date of Birth	:
3.	Age	:
4.	Education	:
5.	Aadhar No.	:
6.	Permanent Address	:-
7.	Religion	:-
8.	Father's Name	:
9.	Father's Age	:-
10.	Mother's Name	:
11.	Mother's Age	:-
12.	Contact Phone Number	:
13.	Parents/Guardian Number	:-
14.	Email Address	:-

3.	Na	Name of Course (Please Tick '✓' in the Box)							
	a.	Tailoring	:						
	b.	Front Office Management	:						
	c.	Mother Baby Care (Home Nursing)	:						
	d.	Beautician	:						
	e.	Data Entry	:						
4.	4. Documents to be submitted along with form:								
	>	Attested Photographs							
	>	Attested Matric Certificate							
	>	Adhaar Card							
	>	Income Certificate from Tahsildar /Notarized Affidavit							
infe	orm		emnly a ily incom er/Wife a her und	ffirm and declare that I amne is Rs and to above are correct and nothing the vocational tra	working as he particular has been				
		TARIZED AFFIDAVIT FROM APP							
		,							
	do hereby solemnly affirm and declare as under: 1. That, I intend to take training inprovided to be under the Vocational Training to Women under the OTV Cares Scheme. 2. That, the personal details and the family income details provided by me are trained to the best of my knowledge.								
	3	 That, I understand that OTV Cares is only financially sponsoring my training and is not liable for any issues that may arise with the Institute imparting such training. 							
	 4. That, I acknowledge that such training is only for upgrading my skills and in way is an assurance by OTV Cares to provide employment. 5. That, I agree that if at any time the personal information and/or informati relating to my economic status is found to be false, I shall reimburse the ent course fee to OTV Cares. 								
		Date: Place:			Signature				