

Registration Form



| Training Center Nacce | SOPI pro | - pasivathipura | im . |
|--|----------------------|--|--|
| Training Center Address | · Dowatt | hipwiam, | |
| Course Name/Sector | | Electronia | |
| Batch Start Date | | 2019 mm | |
| Batch End Date | | 92019 | |
| Course Duration | 49 | | |
| Assessment Date | 20 - 0 | 19-2019 | |
| Parties and the same and the sa | | // | DWARAPUREDDI SAI KRISHNA DOB : 03-07-1996 |
| | For 900th | 1 December | DOD : 03-07-1890 |
| First Name: | Dwarafaredi | Last Name: | Sal Wolishma |
| Gender: | Male [] Facale | Date of Birth: | 371996 |
| Markel States | Married M Single | Age (Years); | 23 |
| Massle Manater: | 9533056758 | Laudilau Nonabers | |
| E-west ID: | | Andhaer Card/ KID No.: | 80479375343 |
| | Address | Details | |
| Carre | at Address | Permane | est Address |
| Dear Vernber: | 3-160 | Dear Number: | |
| Street Name: | main Road | Street Rame: | |
| Villago /City: | Ravivalasa | Village/Oity: | |
| District | Viziana Bus com | District: | |
| Sinte | Andhou Povadesh | | |
| Pia code: | | i Ple coda: | |
| | 535525 | Fowalle | |
| Famili | ly Details | | a's Petolis |
| Fathers' Name: | Water Concession | | Company of Commany on the Art of the Commany of Commany |
| Mother's Name: | puboarcocodi, pairal | Acidemiship: | |
| Father's Occapition: | D. Ravananona | Cocupation: | |
| Mother's Occupation: | fannor | Guardine's Concept No.: | |
| Father's Contact No. : | House wife | CHERRIES COMMANDA | |
| Family Increne: | 9182048431 | Colombia | |
| | 40,000 | Category: | Va. 14 |
| Religion: | Hindy | Casto: | BC-D (Kopfularcom |
| | ian Pobaths | An area of the second s | xyerience |
| Education Qualification: | Deg 316 6 | Emperience in Years: | |
| Pass out year: | 2019 | Correct Employers | |
| Institution: | Ridom whersit | Employer Address: | |
| W. Marky stransact | | 1 | |

| | | 12 | ymoni Detall | S | | |
|-----------------------|--|---|----------------|-------------------|---------------|----------------|
| Student Nan | 191 | DWATAPUTE | Wi, Po | Li) | raid W | |
| Course Nam | 61 | V | | | 1 | |
| Total Fees: | | | Ago | ed Amons | ne: | i |
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| Discount Sur | marery: | | | | | |
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| Payment No | W. | | Next | Føynosei enst | date & | - |
| Receipt No. : | | | Ada | ission Dai | 101 | |
| | | Decare | ents to be en | Sowed | | |
| Sl. No. | Documents | to be attached | | CONTRACTOR STREET | 4 | Not Applicable |
| Page 12-019 | | | | | | |
| 1 | Identity Pro | of (DL, Election Card, Pa | en Cerd, Hatio | n certi) | 10 | |
| | | of (DL, Election Card, Pa - Highest Qualification | en Cerd, Hatio | n cəxi) | 1 | |
| 1 | Mark Sheet | | | n card) | V | |
| 1 2 | Mark Sheet Address Pro | - Highest Qualification | d | n card) | V | |
| i 2 3 | Mark Sheet Address Pro Employmen | - Highest Qualification of - Pan Card, Ration Car | d | n card) | VVV | |
| 1 2 3 4 | Mark Sheet Address Pro Employmen Photocopy o | - Highest Qualification of - Pan Card, Ration Car t Letter or proof of Worki | d | n card) | V V V V V V V | |
| 1 2 3 4 5 | Mark Sheet Address Pro Employmen Photocopy o | - Highest Qualification of - Pan Card, Ration Car it Letter or proof of Worki of Receipt Slip Nease specify | d | | ンレンレン | |
| 1 2 3 4 5 | Mark Sheet Address Pro Employmen Photocopy of Any other, g | - Highest Qualification of - Pan Card, Ration Car it Letter or proof of Worki of Receipt Slip Nease specify | d ng People | | ンレンレン | |

Student Declaration:

1 Dubsafured 1.9a 2018176 D. Polimadu declare that all information provide by me is true to best of my knowledge and belief. I hold myself solely responsible if any information is falsely provided or found incorrect.

Discining; "By signing this carefusent form the candidate authorizer Natherel Skill Development Corporation to use the data graveled herewith"

Date: 12 - 07 - 2019

Place: PonVathiAuron

Signature of the Caudidate

Authorized Signatory







Candidate Registration Form

| Centre Candi | date ID: | S-AP0442 | 1-0000008F |
|--------------|----------|----------|------------|
|--------------|----------|----------|------------|

Please tick to Confirm Correctness

Candidate Course Details:

Scheme: Pradhan Mantri Kaushai Vikas

Vojana 2.0 CSSM

Training Type: Short Term Training

Sector: Electronics and Hardware

Sub-Sector: Electronics and Hardware

Job Role: Field Technician - Computing

and Peripherals

Where ald you had about Pamphlets

the scheme?:

Conveyance and Boarding Conveyance

Preference?:

Date of Registration: 03 Jul 2019



Candidate Identity Details:

Candidate Name: Dwarapureddi Sai Krishna

S/O Pollnaldu

Gender: Male

Year/Date of Birth: 03 Jul 1996

Aadhaar Number: XXXXXXXXXX3543

Addhaar Verification Status: Successful

Passport Number:

Passport Explry Date:

Aadhaar Enrollment

Number:

Type of Disability?: None

Disability Category:

UDID Card Number:

Education Attained: 11th to 12th

Category: OBC

Minority:

Alternate ID Type:

Alternate ID No:

NPCI Bank Name:

Candidate's Aadhaar is not seeded to any bank account.

Please request the candidate to seed one of his / her bank accounts with Aadhaar Number by visiting the bank branch with Aadhaar detalls.

Candidates not having a valid bank account are requested to open an account with a bank and seed it with Aadhaar. Such candidates can continue with the Enrolment and Training.

Please Inform the candidate that his / her reward money and other payments due to the candidate will only be transferred to his / her Aadhaar seeded bank account.

Candidate Contact Details:

Address: 3-180, MAIN ROAD RAVIVALASA,

Ravivalasa, Ravivalasa S.O. Garugubilli, Vizianagaram,

Andhra Pradesh, Pincode-

535525

E-mail ID:

Mobile Number: 9533056758

Landline Number:

Candidate Bank Account Details:

Name as in bank: Dwarapuredd Sai Krishna

Bank Account Number: 35334229421

IFSC Code: SBIN0002805

Bank Name: VEERAGAITAM

In case of providing Alternate ID (i.e. any ID apart from Addhaan), I confirm that the SPIA / TC has informed me that the reward money and other payments due to me will only be transferred to the bank account provided above.

If I have not provided any bank details I will not claim any payments due to me at a later stage.

Candidate TC details:

TC Name: SOFTPRO-VZM-PARVATHIPURAM

Partner Name: SOFTPRO COMPUTER EDUCATION

Address: Krishna Nursing Home Back Side 18-86(B), Vizianagaram, Andhra Fraciosh, Vizianagaram Andhra

Pradesh 535501

D. Sw mysma

Declaration:

Lagree that my Addinaar Number will be sincred with National Payments Corporation of India (NPCI) for verifying if the Addinaar Number is seeded with a Bank.

I confirm that the TC / SPIA has informed me that my reward money and other payments due to me will only be transferred to my Addhaar seeded bank

In case of providing Atternate ID (i.e. any ID apart from Aadhaar), I confirm that the SPIA / TC has Informed me that the reward money and other payments due to me will only be transferred to the bank account provided in section "Candidate Bank Account Details" above.

If I have not provided any bank details I will not claim any payments due to me at a later stage.

D. Sw Mishau Candidate's signature

For Training Centre Use:

SDMS Candidate iD: S-A P0442 - 0000 08 F

Authorized Signatory

© Designed & Delivered by Campus Management International









Training Feedback Form - PMKVY

| Trainee Name: | D. Sai kvithnoc | Fraining Center Name: | Soft pro |
|-----------------------|-----------------|---------------------------|---------------------|
| Job Role Enrolled: | FTCP | Center ld: | AP(03571 |
| Training Start Date: | 10-07-2019 | Batch ld : | 30255 |
| Trainer's name: | y. Laxman 9100 | Student Enrolment No : | 5-APO 4421-00 0008F |

Al About Trainer and Training (Kindly tick one option)

| Particulars | Strongly Agree | Agree | Distigran | Strongly Disagree |
|---|-------------------|-------|--|----------------------|
| The Trainer is Knowledgeable | | | STREET, STREET | |
| Adequate time is provided for questions & discussion, and clearing doubts | V | | | |
| The topics mentioned in the Course outline are taught in the class | V | | | |
| The trainer demonstrates the use of Tools & Equipment to conduct the training (if applicable) | | | | |
| Classes are conducted regularly and on time | U | | | |

B) About The Training Venue (Kindly tick one option)

| Particulars | Excellent | Good | Average | Poor |
|---|-----------|------|---------|------|
| The Center and Labs/ Workshop is hygienic and safe | V | | | |
| The workshop/ Lab is good in terms of space, lighting and seating arrangement | V | | | W |

Awareness on PWKVY(Kindiy tick one option)

| Particulars | Yes | No |
|---|--------------------------------|--|
| Were you briefed about PMKVY in the beginning of the course | L | 1 |
| Have you watched the PMKVY Animation Video | v | |
| Have you been provided the PMKVY booklet/ Pamphlet at the beginning of the course | 1 | |
| DA JANA | | A |
| How did you first come to know about PMKVY | İ | |
| の表の数据を対しているとのできないというというというというというというというというというというというというという | STORES - STORES AND ADDRESS OF | THE RESIDENCE OF THE PARTY OF T |

D) (Kindly tick one option)

| | Excellent | Good | Average | Poor |
|---|-----------|------|---------|------|
| How would you rate the training overall | V | | | |

| Trainee's | Signature 2 | 5. Scu kg | Sma |
|-----------|-------------|-----------|-----|
|-----------|-------------|-----------|-----|

| | 12 -07-2019 |
|------|-------------|
| Date | |

Board of Secondary Education ANDHRA PRADESH, INDIA

LL 0095175







SECONDARY SCHOOL CERTIFICATE

REGULAR PC/06/05147/0085175/4

CERTIFIED THAT DWARAPUREDDI SAIKRISHNA

FATHER NAME: DWARAPUREDDI POLINAIDU

MOTHER NAME: DWARAPUREDDI RAVANAMMA

bearing Roll No. 1206127570

belonging to ZPHIGH SCHOOL - RAVIVALASA

has appeared and PASSED SSC EXAMINATION held in MARCH 2012 with GPA 5.7

and TELUGU

as medium of instruction.

DATE OF BIRTH

03/07/1996

ZERO THREE

JULY

ONE NINE NINE SIX

THE CANDIDATE SECURED THE FOLLOWING GRADES AND GRADE POINTS

| SUBJECT | GRADES | | GRADE POINTS |
|---------------------------|--------|------------|--------------|
| 2000 | URADES | In Figures | In Words |
| FIRST LANGUAGE : (TELUGU |) C2 | 05 | ZERO FIVE |
| THIRD LANGUAGE : ENGLISH | C1 | 06 | ZERO SIX |
| MATHEMATICS : | C1 | 06 | ZERO SIX |
| GENERAL SCIENCE : | C1 | 06 | ZERO SIX |
| OCIAL STUDIES : | B1 | 08 | ZERO EIGHT |
| ECOND LANGUAGE: (HINDI) | D2 | 03 | ZERO THREE |
| | | | |
| RADE POINTS TOTAL : | | 34 | THREE FOUR |

Life Skills Education : GRADE SECURED : A

Marks of Identification

I WELD ON THE LEFT SIDE OF THE WOSE

A MOLE ON THE CHEST

Head of Institution 69 09 12 with School Stamp OOL

Date of Tssue : 24" May, 2012

Life skills Education. The Grade shall be incorp before delivery of the continues to the candidan

2012

SECRETARY BOARD OF SECONDARY EDUCATION A.P. HYDERABAD



Generally used abbreviations

| | +MOD Bal = | Point of Sale | - 03 | 1 | | |
|--------------------------------|---------------|-------------------------|------------|----------------|------|----------|
| Withdrawal | VVQI | | | Cash | н | csh |
| 1 | | Postage & Telegram | P & T = | Credit | 11 | 5 |
| | txn == | Outstanding | 000 | | - 1 | 20 |
| Telegraphic Transfer | = | - 1 | | Correction | RR = | CDR/CORR |
| -1 | 1 | Minimum | min = | Commission | н | MILION |
| - 1 | tr/trf/xfor = | Loan | ION/IO | Concoroll | | |
| = Son/Daughter/Wife/Husband of | S/D/W/H/0 = | | | Collection | 11 | Coll |
| Caroling Instruction | | nterest | int/in = | Closure | 1) | CIOS |
| Otopalina line | SI/SO/SORD | insurance | IIIO | 0 | | 2 |
| = Short Credit | 000 | - | | Cheque | 11 | Chq |
| - 1 | 00 | Inoperative | inop = | CHAIGE | | 9 |
| = Savings Bank | CH | Digital and Hallotte | - | Chargo | н | cha/ch |
| riceito Ci | 200 | Eletronic Fund Transfer | eft = | Capitalization | | Capil |
| = Round of | Rnd | Date of Billin | 000 | | | Cann |
| - Vernu | | - 1 | JAR . | Balance | ŧI | Dai |
| | Rot/Dh | Debit | בק | Malia | | |
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| r rocessing unarge | | Dishopole | Dish/dsh = | Amount | п | Ami |
| Drocock | Proc | = Draft | LIL | mannent | | 2 |
| = Principal | 7 | | | Adiretment | n | Ad |
| | | = Deposit | dep | Account | - | a/C |

ATM CARD ISSUED

State Bank of India

Account No TURBLES RALE SOUTABLE 35334279421

CUSTOMES MOMES MY DANKAPUREOUT SAIKRISHMA

S/0/W/H/O:POLT MAION

BACKBERTHALMACA RAVIVALASA

Prone GAINRUAD RAVIVALASA

ROWL REG. No.: 1800112211 RST 0.0.8. (Provision for Future use)

> ALLEGUELIAL MAIN RURD _ KASP



Date of 1308 13/11/2015 Mestancu Code: 2800 028050 e

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FOR STATE PART OF THE PARTY OF 13/11/2015 \208576g

शाखा प्रवधक

3. White out | Prog Branch Manager



भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India Government of India



E-Aadhaar Letter

ಜ್ಞಾನ/Enrolment No.: 2052/11355/18617

Dwarapureddi Sai Krishna (တွင်ဆုံဝန္ ဘဲယ နေ့ခွဲ)

S/O,Poli Naidu, 3-160, Main Road, Ravivalasa, Garugubilli Mandal, Lakhanapuram, Vizianagaram, Andhra Pradesh - 535525

to eod sond Your Aadhaar No:

8047 9375 3543



ఆధార్-సామాన్యమానవుడి పాక్కు







SAPORE

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INFORMATION

- # Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- in This is electronically generated letter.

Signature Not Vertical
Digitally suggested by Sandreep Bhambine
Date: 2015.07.01 15:42-02 IST

- 🕮 ఆధార్ దేశిమంతటా చెల్లుతుంది.
- తె ఆధార్ ఆధార్ కొరక్టె, ఒకే సారి సమాదు చేసుకుంటే సరిపోతుంది.
- దయయే మీ లెలెస్ట మొల్లిలే నెంబర్ మట్టు ఈ-మెయిలే ఇక్షన్ సమోదు చేసుకోండి. దీనివలన మీరు విధిన్న ప్రయోజనాలను పోందే వీలుంటుంది.
- Aadhaar is valid throughout the country.
- You need to enrol only once for Aadhaar.
- Please update your mobile number and e-mail address. This will help you to avail various services in future.



भारत सरकार GOVERNMENT OF HUDIA



පැරතුවදී එගා දැනු Dwarapureddi Sai Krishna තුළිය එහි/ DOB: 03/07/1996 තුරාකුණ / MALE



भारतीय विशिष्ट पहचान प्राधिकरण

వీరునామా:

S/O హేశీ నాయుడు, 3-160, ముఖ్య మార్గము, రావివలస, గరుగులిల్లి మండలం, లఖనాపురం, విజయనగరం,

wug කුණ - 535525

Address:

S/O/Poli Naidu, 3-190, Main Road, Ravivalase, Garugubilli Mandal, Lakhonapuram, Vizianagaram, Andhra Pradesh - 535625

8047 9375 3543

ఆధార్-పామాన్యమానవుడి పాక్కు

8047 9375 3543

Aadhaar-Aam Admi ka Adhikar

D. gal Misnna



Family Members Details

| SNo | Name | Relation | Date of Birth | Age |
|-----|--------------------------|----------|---------------|-----|
| 7.2 | Dwarapureddi Ravanamma | WIFE | 01/01/1977 | 30 |
| 3 | Dwarapureddi Sai Krishna | SON | 03/07/1996 | 8 |

Dard Holders

Signature/Finger print

03/02/2017

Issued Date

Oraca

ASO/Tahsildar Signature

Note: This is a Digitally Signed Certificate, does not require physical signature. And this certificate can be verified at http://ap.meeseva.gov.in by furnishing the application number mentioned in the certificate.