

Application Form for Skill Training

Form No. _____ (for office use)

1. Name of the Candidate: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Date of Birth : ___/___/_____ (DD/MM/YYYY)
5. Age as on 01.01.2016 : _____
6. Gender : _____
7. Bank Account No. (any CBS Branch): _____
8. IFSC Code: _____
9. Aadhaar No. of the Candidate: _____
10. Educational Qualification: _____
11. Permanent Address: _____

12. Correspondence Address: _____

13. Mobile _____, e-mail _____
14. Sector applying for (in order of preference):
 - i) _____
 - ii) _____
 - iii) _____
15. District where candidate is willing to undergo training (in order of preference):
 - i) _____
 - ii) _____
 - iii) _____
16. Category of the Candidate _____ Gen/ SC/ BC/ Minority/ Others
17. Haryana Resident: _____ (Yes/ No)
18. Are you Person with disability: _____ (Yes/ No)

Paste your recent
passport size photo
with signature on it.

DECLARATION:

I hereby certify that the entries made by me in application form are correct and I have not concealed or misrepresented any information in any column.

(Signature of the Candidate)

(Signature of the Parent/Guardian)