

Application Form

Please fill in the form in English and CAPITAL letters only
Please read the important information before filling the details.

All fields marked with '*' are MANDATORY

Section 1: To be filled in by the Skill Development Centre only post batch allocation (*The spaces in section 1 will be non-editable at time of candidate registration*)

Center Code*	
Candidate Registration Number as per BSDM portal*	
Course Code*	<Course Name>
Batch Start Date*	
Batch End Date*	

Please affix/upload the applicant's passport size photograph. (Photo with front facing. Face and preferably both ears should be clearly visible)

Section 2: To be filled in by the Candidate

First Name*	
Middle Name	
Last Name / Surname	
Father's Name*	
Mother's Name*	

Name of the Applicant as it should appear on the Final Certificate. Leave a blank space after each word

Name as it should appear on the Certificate*	
Date of Birth (DD-MM-YYYY)*	
Gender	
Marital Status*	
Mother Tongue	
Religion*	
Category*	SC,BC,EBC,ST,General=
If SC, Caste Name	
Family Income (RS. Per month)	
Family Income in Words	
Two visible identification marks	

Section 3: Address Details

Residential Address

State*	
District*	
Rural / Urban*	

Tehsil / Block / Urban Area*	
Address / Street / Building*	
City / Village Name	
Post Office*	
Pin Code*	
Nationality*	

Is Permanent Address same as Residential Address

Permanent Address

State*	
District*	
Rural / Urban*	
Tehsil / Block / Urban Area*	
Address / Street / Building*	
City / Village Name	
Post Office*	
Pin Code*	
Nationality*	

Correspondence Address : <Dropdown with option as “Residential” and “Permanent”>

Section 4: Family Details

Sr. No.	Name	Relation	Age	Gender	Marital Status	Source of Income
		Father		M	M	
		Mother		F	M	
		(Add)				

Section 5: Contact Details

Mobile No. (Own)*	+91
Mobile No. (Other)	+91
Tele. No. (STD Code)	
Tel. (Residential)	
Email Address	

Section 6: Profile & Qualification

Profile of Learner*	<Radio Buttons or Dropdown with options as Student, Employed, Homemaker, Unemployed, Self-employed, Farmer, Others. If Others is chosen a text field to specify the profile needs to be provided>
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Educational Qualification*

Highest Educational	If Below Xth	Xth	XIth	Grad.	P. Grad	Any other Certification
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Qual.			Stream:	Stream:	Stream:	Trade:
	Standard: Year:	Year of Passing: Roll / Index No: School Code/Roll Code/School Name:	Year of Passing: Roll / Index No: School Code/Roll Code/School Name:	Year of Passing: Roll / Index No: School Code/Roll Code/School Name: Degree Name:	Year of Passing: Roll / Index No: School Code/Roll Code/School Name: Degree Name:	Duration & Year: Certificate Name:
	Institution:	Institution:	Institution:	Institution:	Institution:	Institution:
	Board:	Board:	Board:	University:	University:	Certifying Body:
	Grade / %:	Grade / %:	Grade / %:	Grade / %:	Grade / %:	Grade / %:

Language Proficiency*

Language	Reading Skills	Writing Skills	Speaking Skills
	Good, Average, Poor =	Good, Average, Poor =	Good, Average, Poor =
	Good, Average, Poor=	Good, Average, Poor=	Good, Average, Poor=
	Good, Average, Poor=	Good, Average, Poor=	Good, Average, Poor=
<Provision to ADD more than 3 languages>			

Short Term Skill Development Training already attended (If any)

Sector	Course Name	Year of Training	Course Duration	Course Prescribed By <SSC/MES/Any other agency>	Training Funded by <Self/Govt. Department's name/Organizations name>	Certificate Received <Yes/No>	Certificate Issued By <Certifying Agency Name>
<provision to add more training in case of multiple skill development (domain) training undertaken>							

Work Experience

Employment Status*	Wage Employment, Self-Employment and Not Applicable =
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If Wage Employment Selected above then the below table needs to be filled

Organization Name	Designation	From Date (DD/MM/YY)	To Date (DD/MM/YY)	Total Experience in Years
<Provision to be provided to add rows here to show multiple firms experience>				

Total Years of Experience		Last Drawn Monthly Salary (In Rupees)	
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Disability Information (If applicable, provide certificate)

If applicable tick on type and mention %	Not Applicable		Blindness & Low Vision		Hearing Impairment		Cerebral Palsy & Loco Motor Disability		Any Other (Please Specify)	
	<input type="checkbox"/>	%:	<input type="checkbox"/>	%:	<input type="checkbox"/>	%:	<input type="checkbox"/>	%:	<Specify>	%:

Section 7: Bank and Aadhaar Card Details

Bank A/C No.*	
IFSC Code*	
Bank Name*	
Branch*	
Bank A/C Holder's Name*	
Aadhaar Card*	Yes and No
Aadhaar Card No.	
EID No.	
PAN	

Section 8: Training Preference

Training Location Preference:*

- District Dropdown (Mandatorily to select one)
- Block Dropdown (Default Value "Any") – If a certain District is chosen from the dropdown above then the blocks for that district will only be shown in this dropdown.

Sector & Course Preference:*

Preference 1	Preference 2

Note: For the course dropdown - If a certain Sector is chosen from the dropdown above then the courses for that sector will only be shown in this dropdown.

Section 9: Documentary Proofs

Mention the document type and number. Submit scanned copies of the relevant documents

ID and Other Documentary Proofs (Originals verified by SDCs before enrolment)			
Identity Proof (Any one)*	Document Type: <Any suitable document from Annexure 1>	Doc. No.:	<Document uploading>
Address Proof (Any one)*	Document Type: <Any suitable document from Annexure 1>	Doc. No.:	
Educational Qualification Proof (For Highest educational Qualification)*	Document Type:	Doc. No.:	
Age Proof (Any one)*	Document Type: <Any suitable document from	Doc. No.:	

	Annexure 1>		
Aadhaar Card* (Acknowledgement can be uploaded if applied for)	Document Type: <Aadhaar Card / Acknowledgement>	Doc No:	
PAN Card	Doc No:		
Caste Certificate (If applicable)	Document Type:	Doc. No.:	
BPL Proof (If applicable)	Document Type:	Doc. No.:	
PWD Certificate (If applicable)	Document Type:	Doc. No.:	
NREGA Job Card No. (If applicable)	Doc. No.:		
BOCW Registration document (Card) (If applicable)	Doc. No.:		
Any other document	Document Type:	Doc. No.:	

Section 10: Declarations*

- I hereby declare that I am not currently availing any kind of skill training
- If selected for 'Domain Skilling' training, I hereby undertake:
 - To attend and Participate in all the sessions/classes of the aforesaid Training Program diligently
 - To maintain discipline and follow the instructions of the trainer, while undergoing the said Training Program
 - To successfully complete the Training Program
 - I understand that I will be deemed Ineligible for assessment and certification unless, I fulfil the above criteria and meet the assessment standards.
- I hereby declare that all the information and documents provided by me with this application are true to the best of my knowledge. If any information provided by me is found to be incorrect during subsequent verification, the State Government can initiate legal action against me.

Aadhaar Card usage related declaration:

I have submitted my Aadhaar Number and I wilfully agree to the following:

- Linking of my Aadhaar Number (Provided by UIDAI, Govt. of India) with the Bank Account provided by me in this Application form.
- My Aadhaar Number to be registered with National Payments Corporation of India (NPCI) so that any benefit under the Govt.'s Direct Benefit Transfer (DBT) scheme can be provided in my Bank Account provided by me in this Application form. I understand that if there are more than one type of benefits pending, I would want to get those benefits in this Account only.
- Usage of UIDAI provided Aadhaar Number to verify my identity
- Usage of the mobile number provided by me in this application form for any SMS alerts
- I understand that the information given above regarding my Aadhaar Number will be used for the aforementioned work or legal requirements only and not for any other purpose.

Date of Filling the Form*	
Signature (scanned copy with name in bracket on plain paper to be uploaded)*	