



Employment through Skill Training & Placement National Urban Livelihood Mission

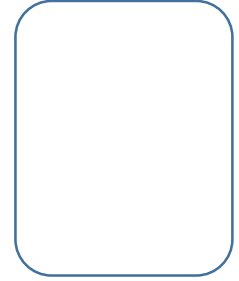


Name: _____

Date of Birth: _____ Education Qualification: _____

Contact No:

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Address: _____

Category: SC ST GEN OBC

BPL: Yes No

Adhaar card no. (if available) _____

Father's Name: _____ Father's Occupation: _____

Mother's Name: _____ Mother's Occupation: _____

Total family members: _____ Annual Family Income: _____

Have you done any skill training during last 3 years: Yes No

If yes, please provide the training details below:

Name of the Course: _____ Duration: _____

Name of the institute: _____

Please tick the course you are interested in:

- | | |
|--|--|
| <p>1. Beauty & Wellness <input type="checkbox"/></p> <p>3. Retail <input type="checkbox"/></p> <p>5. IT/ITES (BPO) <input type="checkbox"/></p> <p>7. Plumbing <input type="checkbox"/></p> <p>9. Any Other: _____</p> | <p>2. Stitching & Tailoring <input type="checkbox"/></p> <p>4. Hospitality & Tourism <input type="checkbox"/></p> <p>6. Data Entry Operator <input type="checkbox"/></p> <p>8. Construction <input type="checkbox"/></p> |
|--|--|

Enclosed documents: 1. _____ 2. _____

3. _____ 4. _____

Date:

Signature