

## 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 by the Skill Development Centre only post batch allocation

Candidate Registration Number as per BSDM portal*	
Course Name*	KYP
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*	
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*	

Permanent Address

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

**Section 4: Family Details**

Sr. No.	Name	Relation	Age	Gender	Marital Status	Source of Income

**Section 5: Contact Details**

Mobile No. (Own)*	
Mobile No. (Other)	
Email Address	

**Section 6: Educational Qualification\***

Sl. No.	Standard	Institution	Board	Year	% Marks	Division
1	10 <sup>th</sup>					
2	12 <sup>th</sup>					
3	Degree					

Language Proficiency (Good, Average, Poor)\*

Language	Reading Skills	Writing Skills	Speaking Skills
Hindi			
English			

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 No.	
PAN	

## Section 8: Documentary Proofs

ID and Other Documentary Proofs (Originals verified by SDCs before enrolment)	
Institute Identity Card *	Educational Qualification Proof *
Address Proof (Residence certificate)*	Age Proof (10 <sup>th</sup> Certificate)*
Aadhaar Card* (Acknowledgement can be uploaded if applied for)	Bank passbook
PAN Card	PWD Certificate (If applicable)
Caste Certificate (If applicable)	Any other document
Income Certificate	

## Section 9:Declarations\*

- I hereby declare that I am not currently availing any kind of skill training
- 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 ( in Hindi)	
Signature ( in English)	