

Skill Centre Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Location : \_\_\_\_\_

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## Personal Information (To be filled in Capital letters)

Name: \_\_\_\_\_ Gender Male ☐ Female ☐

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Caste Category: ☐ General ☐ SC ☐ ST, Religion \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ State: \_\_\_\_\_

Pin Code: \_\_\_\_\_ Phone No. (with STD Code): \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Aadhar/Bank Details

Name as it appears on Aadhar Card: \_\_\_\_\_

Aadhar No.: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Account No.: \_\_\_\_\_ IFSC Code: \_\_\_\_\_

Annual Family Income (in Rs.): Kindly tick whichever is applicable

☐ Below 1 Lac ☐ Below 2 Lacs ☐ 2-3 Lacs ☐ 3-4 Lacs ☐ above 4 Lacs

## Educational Qualification

Educational Level (Tick whichever applicable)

☐ 8<sup>th</sup> class ☐ 10<sup>th</sup> class ☐ 12<sup>th</sup> class ☐ Graduate (Specify Stream) \_\_\_\_\_

Highest level of Qualification: \_\_\_\_\_ Year of Passing: \_\_\_\_\_

### Employment Details

Current Employment Status (Tick whichever is applicable)

☐ Student ☐ Employed ☐ Self Employed ☐ Unemployed

If Employed, kindly provide following details:

Name of the current Employer: \_\_\_\_\_ Designation: \_\_\_\_\_

Current Salary (per month): \_\_\_\_\_ Total Experience (in years): \_\_\_\_\_

### Documents Attached (Please tick & specify documents)

- ☐ Aadhar Card ☐ Voter ID/PAN \_\_\_\_\_
- ☐ Qualification proof, Document: \_\_\_\_\_ ☐ Age Proof \_\_\_\_\_
- ☐ Standing Instruction(Bank) – 3 Copies ☐ I Know the Scheme
- ☐ Bank Passbook/Cancelled Cheque
- ☐ Student Undertaking to Bank – 3 Copies

#### Declaration:

I certify that the above information provided by me is true & correct to the best of knowledge, information & belief. I also agree to adhere to Kushal Bharat guidelines & instructions and accept that all decisions pertaining to the Education, Examination, Certification & placement shall be final and binding on me. Amount paid will be forfeited if I fail to join within two days of batch commencement. I am here by enrolling in this course by paying sum of Rs. \_\_\_\_\_ as assessment fee.

**Date:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Signature of the Applicant:** \_\_\_\_\_

### Enrollment Details (Please specify details)

Admission Date: \_\_\_\_\_ Course Name: \_\_\_\_\_

Total Program Fee: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Mode of Payment: \_\_\_\_\_

\_\_\_\_\_  
**Name of Counselor**

\_\_\_\_\_  
**Counselor's Signature**

\_\_\_\_\_  
**Center Head's Signature**