



SKILL DEVELOPMENT COUNCIL

कौशल्य विकास परिषद

To
The Co-ordinator,
Industrial Technical
Training institute
At _____
Maharashtra state.

Affix one
Passport
Size PHOTO
Here

-TRAINING COURSE APPLIED FOR-

Sir,

I wish to join the above programme and requesting you to consider my application. My details are given below.

*First Name:

Middle Name:

Last Name:

*Mother Name:

*Date of Birth:

[Ex: 23/June/1970]

*Gender:

Male Female

*Category

SC ST OBC General

*Whether physically handicapped: Yes No

Whether Minority:

Highest Education: Under Matriculate 10th Pass 12th Pass Diploma Graduate

Post Graduate

*Identity Document:

Bank pass book
 Voter ID PAN Card
 Passport UID
 Others

*Document No:

Phone No:

e.g. 022-11111111

*Mobile No:

*State:

*District:

*City:

Address:

Pin:

E-mail address:

Details of course fee: Mode- Cash / Cheque / Demand Draft

(Favor in: SKILL DEVELOPMENT COUNCIL, AURANGABAD)

I, do hereby declare that the particulars given above are true to the best of my knowledge & belief.

Date:

Place:

(Signature of the Applicant)

For official use only

Received on with / without course fee

Application No.

(Signature of Co-ordinator Industrial Technical Training Institute)

At _____