

Admission Form

Empowerment through Skills:
Inclusive Training for Economic Independence



I. Personal Information

Name: _____ Gender: ☐ Male ☐ Female ☐ Other

Date of birth: _____ Age: _____

Parent/Guardian's name: _____ Relationship: _____

Current Address: _____

Village: _____ City/Taluk: _____ Pin code: _____

Mobile: _____ Guardian's mobile: _____

Email: _____ Mother Tongue: _____

Other Languages Known: _____

II. Marital Status: Married / Unmarried / Divorce / Widow / Widower

III. Are you a Person with Disability? ☐ Yes ☐ No

If Yes, Type of Disability

- ☐ Locomotor Disability ☐ Speech/Hearing impairment ☐ Mental Retardation ☐ Low Vision
☐ Visually Impairment ☐ Spinal Cord Injury ☐ Autism ☐ Mental Illness ☐ Cerebral Palsy
☐ Dwarfism ☐ Multiple Disability ☐ Speech Impairment ☐ Hearing Impairment ☐ Leprosy-cured
☐ Parkinson's Disease ☐ Hemophilia ☐ Thalassemia ☐ Sickle Cell Disease ☐ Muscular Dystrophy
☐ Acid Attack Victim ☐ Multiple sclerosis

Percentage of Disability: _____ %

IV. Income Category: ☐ BPL ☐ APL

V. Community/Category: ☐ SC ☐ ST ☐ OBC ☐ EWS ☐ General/UR

VI. Educational Details

☐ SSLC ☐ PUC ☐ Graduation and above _____

VII. Employment Status

☐ Employed

Place of Work: _____

Nature of Work: _____

Monthly Salary: _____

☐ Self-Employed

Type (Tick applicable): ☐ Agriculture ☐ Daily Labour ☐ Other

☐ Unemployed Preferred Area / Sector of Work: _____

VIII. Documents Check list for the Candidate

(Please tick on the below mentioned & collect the same. * Marked are mandatory)

☐ Two Passport size Photographs*

☐ UDID Card or Medical Certificate (If Applicable) *

☐ Education Qualification: Marks card / Certificates (Xerox) *

☐ Caste and Income Certificate (Xerox)*

☐ Aadhaar Card (Xerox)

IX. Candidate's Domain of Interest for Joining the Course:

☐ IT & ITES ☐ Retail & Logistics

DECLARATIONS

I _____ Hereby declare that the above-mentioned information furnished by me is true and correct to the best of my knowledge and belief. I agree to respect and adhere to the rules and regulations of the Livelihood Programme – Empowerment through Skills: Inclusive Training for Economic Independence of HDFC Parivartan and CBM India Trust.

I also agree to attend all the classes prescribed by the organization/training centre during the entire period of my training. I shall actively participate in at least one co-curricular activity offered by the training centre.

I have chosen the skill development training programme of CBM India Trust voluntarily and with full understanding. I commit to completing the training successfully. After completion, I agree to join the mainstream workforce/employment as per the guidance and information provided by the organization.

I hereby grant my consent to CBM India Trust to use my photograph, case study, and related information for documentation, reporting, and social media purposes.

I confirm that I have read, understood, and agree to abide by the Rules and Regulations of the CBM India Trust.

Date: _____

Signature of the Candidate _____

Name of the Candidate _____

FOR OFFICE USE ONLY

Admission Processed By (Name): _____

Designation: _____

Date of Admission: _____

Signature: _____