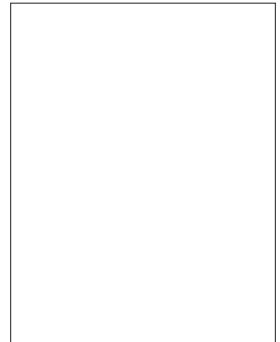


Admission Form

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: _____