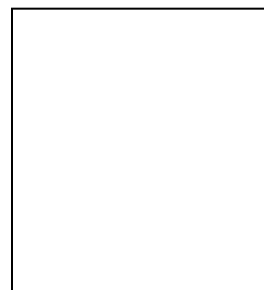


Annexure-I
APPLICATION FORM FOR NON FORMAL COURSES / TRADES UNDER
PERSONS WITH DISABILITY SCHEME UNDER MHRD GOVT. OF INDIA

1. Name (In block Letters)_____
2. Fathers Name_____
3. Permanent Address_____
4. Phone/Mobile if any_____
- (With STD Code)
5. Name of Course for which applied_____
6. Sex (Male /Female)_____
7. Category_____
8. Date of Birth_____
9. Type of Disability_____
10. Percentage of Disability_____
11. Monthly Family Income_____
12. Whether already undergone any training under PWD scheme
 (Yes/No)_____
13. Detail of Qualification Examination
14. Bank Account No. (Only SBI) _____



Name of the Exam Passed	Name of the Institute from Where passed	Board/ University	Roll No.	Year of Passing	Division

I hereby declared that all the fact given above are correct and true to the best of my knowledge and belief. I shall be personally responsible for any wrong information/ behavior.

Place

Date

Signature of Guardian/Father

Signature of Candidate