



## <u>APPLICATION FOR THE POST OF SKILL CENTER ASSISTANT</u>

| Name   | of Post            | : Skill Centre Assista | int              |     |                 |                  |               |                |
|--------|--------------------|------------------------|------------------|-----|-----------------|------------------|---------------|----------------|
| Centre | of Inter           | view:                  |                  |     |                 |                  |               |                |
| 1.     | Name of candidate: |                        |                  |     |                 |                  |               |                |
| 2.     | Date of            | birth:                 |                  |     | Age a           | s on 01/01/2     | 2024:         |                |
| 3.     | Perman             | Permanent Address:     |                  |     |                 |                  |               |                |
| 4.     | Present            | Address                |                  |     |                 |                  |               |                |
| 4.     | Phone 1            | No. and E-mail ID:     |                  |     |                 |                  |               |                |
| 5.     | Religio            | n:                     | Caste / C        | Con | nmunity:        |                  |               |                |
| 6.     | Marital Status:    |                        |                  |     |                 |                  |               |                |
| 7.     | Educati            | ional Qualification    |                  |     |                 |                  |               |                |
| Quali  | fication           | University/ Board      | Year o<br>passin |     | Marks<br>scored | Maximum<br>marks | % of<br>marks | Class/Division |
|        |                    |                        |                  |     |                 |                  |               |                |
|        |                    |                        |                  |     |                 |                  |               |                |
|        |                    |                        |                  |     |                 |                  |               |                |
|        |                    |                        |                  |     |                 |                  |               |                |
|        |                    |                        |                  |     |                 |                  |               |                |
|        |                    |                        |                  |     |                 |                  |               |                |
|        |                    |                        |                  |     |                 |                  |               |                |
|        |                    |                        |                  |     |                 |                  |               |                |

8. Computer awareness:





| _          | T 1 . 1 1  |             |
|------------|------------|-------------|
| q          | Industrial | Experience: |
| <i>一</i> . | muusutat   | LAPCHICICC. |

| 10  | Details | of Tr  | ainino | Programme   | attended: |
|-----|---------|--------|--------|-------------|-----------|
| 10. | Details | 01 110 | anning | 1 logrammic | anchaca.  |

| Sl.No. | Name of Training<br>Programme | Agency conducted the Training | Venue | Date |
|--------|-------------------------------|-------------------------------|-------|------|
|        |                               |                               |       |      |
|        |                               |                               |       |      |
|        |                               |                               |       |      |

| Place: |                      |  |                               |  |  |  |  |  |
|--------|----------------------|--|-------------------------------|--|--|--|--|--|
| Date:  |                      |  | Name & Signature of Candidate |  |  |  |  |  |
|        | Space for Office Use |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |
|        |                      |  |                               |  |  |  |  |  |