

बिहार कृषि विश्वविद्यालय, सबीर, भागलपुर Bihar Agricultural University, Sabour, Bhagalpur

कौशल विकास प्रशिक्षण कार्यक्रम हेत्

आवेदन-पत्र

Application form for Skill Development Training Programme

Job Role	
Course Code	
Name of Centre / Institue	

Application Form

Please fill in the form in **English** and **CAPITAL letters** only Please read the important information before filling the details.

All fields marked with '*' are MANDATORY .

Section 1: To be filled in by the Skill Development Centre only post batch allocation (The spaces in section 1 will be non-editable at time of candidate registration)

Centre Code*	
Candidate Registration Number as per BSDM portal*	
Course Code*	
Batch Start Date*	
Batch End Date*	

Please affix/upload the applicant's passport size photograph. (Photo with front facing. Face and preferably both ears should be clearly visible)

Section 2: To be filled in by the Candidate / Applicant

	a by the canalaate	Applicant	
First Name*		· · · · · · · · · · · · · · · · · · ·	
Middle Name			
Last Name / Surname			
Father's Name*	a a		
Mother's Name*		3,30	* *
Name of the Applicant a space after each word	as it should appear c	on the Final Certificate. L	eave a blank
space after each word			
Name as it should appear or	the		
Certificate*			

Name as it should appear on the	
Certificate*	
Date of Birth (DD-MM-YYYY)*	
ar is the second	
Gender*	
(Male, Female, Transgender)	
Marital Status*	
(Single/Married)	
Mother Tongue	
gar of the State o	
Religion*	
Category*	
(SC, BC, EBC, ST, General, Other)	
If SC, Caste Name	
Family Income	
(Rs. Per month)	
Family Income in Words	
Park of the state	
e legal est la marine plant	
Two visible identification marks	
(To be mentioned as "None" if	
no visible mark)	

Section 3: Address Details Residential /Correspondence Address

Country*		 - =			o de aportir			e 5
State*								
District*					*			
Rural / Urban*	ii E	20	V.,	-	*			
Tehsil / Block / Urban Area*	•		, , , , ,		2	2 9	 :	

Address / Street / Building* City / Village Name Post Office*					
Post Office*					
Pin Code*			;		
Nationality*		3		, ,	
				* * * * * * * * * * * * * * * * * * *	
Permanent Address					
State*		-	0.4		
District*					
Rural / Urban*					9
Tehsil / Block / Urban Area*			*	1	
Address / Street / Building*	8				
City / Village Name					
Post Office*					
Pin Code*					
Nationality*					
Pin Code* Nationality* Pection 4: Family Details I. Name O.	Relation	Age	Gender	Marital	Source of
ection 4: Family Details Name		Age		Status	Source of Income
ection 4: Family Details Name	Father	Age	M	Status M	a a
ection 4: Family Details Name		Age		Status	a a
ection 4: Family Details Name	Father	Age	M	Status M	a a
ection 4: Family Details Name	Father	Age	M	Status M	a a
ection 4: Family Details Name	Father	Age	M	Status M	a a

Section 6: Profile & Qualification

Profile of Learner*	,	¥	1	
(Student, Employed, Homemaker, Unemployed,	. A			
Self-employed, Farmer, Others)				

Educational Qualification*

Highest	Year of	Roll/Index No.	School Code/	Institution/	Grade/ %
Educational	Passing:		Roll Code/	Board/	e e e
Qualification			School name	University	e ⁿ
If Below Xth			0 a to		
Xth	2 20 5 0 20		a.		*
XIIth					
Grad.	0		2		
P. Grad	2	1			
Any other					
Certification	V 0.1	TO SEE SEE SEE			ge in the case of the

Language Proficiency*

Language	Reading Skills (Good/ Average/Poor/NA	Writing Skills Good/ Average/Poor/NA	Speaking Skills Good/ Average/Poor/NA			
Hindi						
English						
Regional						

Short Term Skill Development Training already attended (If any)

Sector	Course Name	Year of Training	Course Duration	Course Prescribed By (SSC/MES/Any other agency)	Training Funded by (Self/Govt. Department's name/Organizations name)	Certificate Received (Yes/No)	Certificate Issued By (Certifying Agency Name)
	4						
		2 A					

Work Experience

Employment Status* (Wage Employment, Self- Employment and Not Applicable)			e)							
If Wage	Employ	/ment S	Selecte	ed above	then	the belov	w table	e needs t	o be fi	lled
Organization Name		Design	ation	From Da (DD/MM/		To Date (DD/MM/		Total experience in Years	Mo	Drawn Onthly alary Rupees)
	¥			i de la companya de l	n, e	41				
	* " " " " " " " " " " " " " " " " " " "									
	Disab	ility Inf	ormat	ion (If ap	plica	ble, provi	de cer	tificate)		
If applicable tick on type and mention	Not Ap	plicable	Blindness & Low Vision		1		Cerebral Palsy & Loco Motor Disability		Any Ot (Please Specify	e to the first
%		%:		%:		%:		%:		%:
Section 7: Ba	nk and	Aadhaa	ar Card	d Details						
Bank Account N	0.*									
IFSC Code*	FSC Code*								· · · · · · · · · · · · · · · · · · ·	
Bank Name*	Bank Name*					-				
Bank Account Ho	older's N	ame*		5	-	52 (Pro-1974)	2			
Aadhaar Card No	o.*									
PAN			2					a a		

Section 8: Training Preference

Training Location Preference:*

- District Dropdown (Mandatorily to select one)
- Block Dropdown (Default Value "Any") If a certain District is chosen from the dropdown above then the blocks for that district will only be shown in this dropdown.

Sector & Course Preference:*

Preference 1	Preference 2				

Note: For the course dropdown - If a certain Sector is chosen from the dropdown above then the courses for that sector will only be shown in this dropdown.

Section 9: Documentary Proofs

Mention the document type and number. Submit scanned copies of the relevant documents

ID and Other Documentary Proofs (Originals verified by SDCs before enrolment)

Sr. No.	Items	Document Type	Doc. No.:	Remarks
1.	Identity Proof (Any one)*			v ²
2.	Address Proof (Any one)*			
3.	Educational Qualification Proof (For Highest educational Qualification)*			
4.	Age Proof (Any one)*			
5.	Aadhaar Card*			
6.	Bank Account proof (Passbook/Cancelled Cheque)*			
7.	PAN Card			
8.	Caste Certificate (If applicable)			
9.	BPL Proof (If applicable)			
10.	PWD Certificate (If applicable)			The state of the s
11.	NREGA Job Card No. (If applicable)		Y	
12.	BOCW Registration document (Card) (If applicable)			27 E
13.	Any other document	7,145		

Section 10: Declarations*

- I hereby declare that I am not currently availing any kind of skill training
- If selected for 'Domain Skilling' training, I hereby undertake:
 - To attend and Participate in all the sessions/classes of the aforesaid Training Program diligently
 - To maintain discipline and follow the instructions of the trainer, while undergoing the said Training Program
 - To successfully complete the Training Program
 - I understand that I will be deemed Ineligible for assessment and certification unless,
 I fulfil the above criteria and meet the assessment standards.
- O I hereby declare that all the information and documents provided by me with this application are true to the best of my knowledge. If any information provided by me is found to be incorrect during subsequent verification, the State Government can initiate legal action against me.

Aadhaar Card usage related declaration:

I have submitted my Aadhaar Number and I wilfully agree to the following:

- Linking of my Aadhaar Number (Provided by UIDAI, Govt. of India) with the Bank Account provided by me in this Application form.
- O My Aadhaar Number to be registered with National Payments Corporation of India (NPCI) so that any benefit under the Govt.'s Direct Benefit Transfer (DBT) scheme can be provided in my Bank Account provided by me in this Application form. I understand that if there are more than one type of benefits pending, I would want to get those benefits in my Bank Account provided by me in this Application form.
- Usage of UIDAI provided Aadhaar Number to verify my identity
- O Usage of the mobile number provided by me in this application form for any SMS alerts
- O I understand that the information given above regarding my Aadhaar Number will be used for the aforementioned work or legal requirements only and not for any other purpose.

Date of Filling the Form*	
Signature	

Annexure 1: List of acceptable documents for Identity (ID), Address and Age Proof:

SI. No.	Acceptable Document	ID Proof	Address Proof	-Age Proof
1	Valid Passport Copy	YES	YES	YES
2	Valid Driving License	YES	YES	YES
3	Pan Card	YES	NO	YES
4	Service Identity Card	YES	NO	NO
5	Passbook	YES	YES	NO
6	Property Documents	YES	YES	NO
7	SC/ST/OBC Certificates	YES	NO	NO
8	Arm License	YES	NO	NO
9	Certificate of Physical Handicap	YES	NO	NO
10	Job Card Issued by NREGA	YES	NO	NO
11	Voter ID / Election Card	YES	YES	YES
12	Health Insurance Smart Card	YES	NO	YES
13	Aadhaar Card (UIDAI)	YES	YES	YES
14	Birth Certificate issued by Municipal authorities or district office of the Registrar of Birth & Deaths or Baptism certificate	NO	YES	YES
15	Birth certificate from School (Govt. / Recognized) last attended by the applicant or any other recognized educational institution	NO	YES	YES
16	Birth certificate issued by Panchayat Sevak	NO	YES	YES
17	If a person is class 10 or more pass, he should give a copy of the mark sheet of class 10, if it contains date of birth as proof of date of birth	, NO	NO	YES
18	Mark sheet of class 8 th if it contains date of hirth	NO	NO	YES
19	Mark sheet of class 5 th if it contains date of birth	NO	NO	YES
20	Ration Card	NO	YES	NO
21	Utility Bill (issue date should not be more than 3 months old from the date of application) like electricity bill, landline telephone bill, mobile (postpaid) bill, piped gas bill, water bill issue by local authority	NO *	YES	NO
22	Municipal corporation bill like property tax bill, water tax bill	NO	YES	NO
23	Registered Lease & License Agreement along with utility bill in the name of landlord (Permanent address proof along with valid address proof is mandatory)	NO	YES	NO
24	Domicile certificate with name, Photo (optional) and Communication address issued by District Collector / Deputy Commissioner / District Magistrate / Sub Divisional Magistrate / Circle Officer	NO	YES	NO