

Annexure-I

**APPLICATION FORM FOR 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

**Latest
Passport Size
Photograph
Duly Attested
by Gazetted
Officer**

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/behaviour.

Place

Date

Signature of Guardian/Father

Signature of Candidate