ADMISSION FORM
For Session 2016 - 2017

SEEKHO AUR KAMAO
Scheme under Ministry of Minority Affairs Government of India - New Delhi.
Short Term Courses for Skill Development of Minority Student for the Session 2016 - 2017

1. Name of Student: ____________________________________________________________

2. Father / Husband / Guardian Name: ____________________________________________

3. Date of Birth: __________________________   4. Sex: Male / Female

5. Full Address: ___________________________________________________________________

6. Name of Community: Christian / Buddhist / Jain / Sikh / Muslim.

7. Educational Qualification:

<table>
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<tr>
<th>Sr. No.</th>
<th>Qualification</th>
<th>Name of Board/University</th>
<th>Year of Passing</th>
<th>Division</th>
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8. Aadhaar Card No.: __________________________   9. Any ID No.: __________________________

10. Mobile No.: ____________________________   11. Course Applied for: __________________________

12. Account No.: ____________________________   13. Bank & Branch Name: __________________________

For Office Use Only

Name of Student: ____________________________   Father Name: ____________________________

Course Applied for: __________________________ Duration of Course: __________________________

Session: __________________________ Documents Received: __________________________

_____________________________________________________________________________________

Signature of Candidate

Date: __________________________
Place: __________________________

Signature of Admission Incharge
Signature of Admission Center Coordinator