

**DEPARTMENT OF SCIENCE & TECHNOLOGY
GOVT. OF BIHAR**

GOVERNMENT WOMEN'S POLYTECHNIC, BELA, MUZAFFARPUR, 842005
BSDM-DOMAN SKILLING SECTION

PHOTO

Application Form

(Please fill in the form in English and CAPITAL letters only)
[Please read the important information before filling the details]

Sector	
Course (QP)	

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*	DS09010038
SDC Name*	Government Women's Polytechnic, Muzaffarpur.
Batch Start Date*	
Batch End Date*	

Section 2: To be filled in by the Candidate

First Name*	
Middle Name*	
Last Name/Surname	
Father's Name*	
Mother's Name*	

Date of Birth (DD-MM-YEAR)*	
Gender*	MALE / FEMALE / TRANSGENDER
Marital Status*	MARRIED / UNMARRIED
Religion*	
Category*	GENERAL / BC / EBC / SC / ST
If SC, Caste Name	
Family Income (RS. Per month)	
Visible identification mark	

Disability Information (if Applicable, Provide Certificate)

If Applicable tick on type	Not Applicable	Blindness & Low Vision	Hearing Impairment	Cerebral Palsy & Loco Motar Disability	Any other (Please Specify)

Section 3: Address Details

State*	
District*	
Rural / Urban*	
Tehsil / Block / Urban Area*	
Address / Street / Building*	
City / Village Name	
Post Office*	
Pin Code*	
Nationality*	

Section 4: Contact Details

Mobile No*	
Email Address*	

Section 5: Educational Qualification*

Highest Education Qual.	Name of the Board/University	Year of Passing	% of marks

Section 6: Bank and Aadhaar Card Details

Bank A/C No.*	
IFSC Code*	
Bank Name*	
Branch*	
Bank A/C Holder's Name*	
Aadhaar No.*	
EID No.	

Section 7: Documentary Proofs

(Mention the document type and submit the Copies of relevant documents.)

Identity Proof	
Address Proof	
Education Qualification Proof (Highest)*	
Age Proof	
Aadhar Card *	
Cast Certificate (if applicable)	
Bank A/C Number Proof*	

Section 8: 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.
- 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.

Date:

Signature: