

GOVT. OF ASSAM

DIRECTORATE OF HANDLOOM & TEXTILES, ASSAM

APPLICATION FOR SKILL TRAINING UNDER SAMARTH

Training Centre: \_\_\_\_\_

1. Name of the Candidate :
2. Date of birth and age :
3. Gender :
4. Qualification :
5. Postal Address (Full Address with Pin code) :
  
6. Guardian Name & Mobile No :
7. Mobile number :
8. E-mail ID (if exists) :
9. Community to which belongs (SC/ST/GEN) :
10. Whether the weaver belongs to BPL :
11. Annual Income :
12. Marital Status :
13. Differently Abled :
14. Aadhar number :
15. Family Details :

Sl. No	Name of family member	Relationship	Male/ Female/ Transgender

16. Course in which training required :
17. Whether the candidate or any of his / her Family members have undergone similar Training earlier :
18. Are you a member of SHG/FPOs/ Co-operative Society :
19. Purpose of training :
20. Bank Details :

Name of Bank and Type of Account	Address and Branch Name of Bank	Account Number	IFSC code

DECLARATION

I declare that the particulars submitted by me are true to the best of my knowledge. I undertake that I will attend the training regularly if I am selected for training.

Date:  
Place:

(Signature)