



Isha Shakti Welfare Organisation

REGISTRATION FORM

“महिला हुनर योजना”

Skill centre name _____

Course Name _____

Centre Location _____

Personal Information

(To be filled in capital letter)

Name : _____

Gender : (Male / Female)

Father Name : _____

Date of Birth : _____/_____/_____

Caste Category : General ST SC OBC

Religion: _____

Address: Flat No/Building name: _____ Block /village: _____

Ward No /Panchayat Name: _____

Mandal : _____ Post Office: _____ Police station

: _____ City : _____ District: _____

State : _____ Pin code: _____ Phone No. _____

Email ID _____

Adhar /Bank Details

Aadhar No. : _____

Bank Name : _____ Branch : _____

Bank Account No. : _____ IFSC Code : _____

Annual Family Income (in Rs .): Kindly tick Whichever is applicable

Below 1 lac Below 2 Lacs 2-3 Lacs 3-4 Lacs Above 4 Lacs

Educational Qualification

Educational Level (Tick whichever applicable)

8th Class 10th class 12th Class Graduate

Highest level of Qualification : _____

Year Of Passing : _____

Supporting Documents(Xerox)

1. Adhar card
2. Pan card
3. 4 photo (passport size)
4. All Educational Documents (xerox)
5. Passbook First Page
6. Adress proof (Voter ID , DL, Rasan card)

Place: _____

Date: _____

Signature Of Candidate
