GOVERNMENT OF INDIA

# FAMILY WELFARE TRAINING & RESEARCH CENTRE

332, S.V.P. ROAD, KHETWADI, MUMBAI – 400 004.

TEL.: 2388 1724 / 2389 3165 FAX NO. (91) 22 – 2386 2736 Email: director.fwtrc@nic.in

Website: [www.fwtrc.gov.in](http://www.fwtrc.gov.in)

#### APPLICATION FORM FOR SKILL BASED TRAINING COURSES

#### Name of the Course applied for:

|  |
| --- |
| PHOTO |

1. Name in Full:

(In Block Letters)

1. Sex :
2. Age (as on 31st March 2018) :
3. Marital Status :
4. Designation of the Present Post :

6. a. Present Address (to which communication to be sent):

|  |
| --- |
|  |
|  |
|  |

b. Permanent Address (If different from above):

|  |
| --- |
|  |
|  |
|  |

c. Phone No. (Office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. (Residence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (Compulsory): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Date & Place of Birth:

Date: Place : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

8. Do you belong to Scheduled Caste / :

# Scheduled Tribe/OBC

|  |  |
| --- | --- |
| YES | NO |

If Yes,

Scheduled Caste / Scheduled Tribe/OBC

Sub-caste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please attach Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District

Authority otherwise application will be treated as general category.)

9. Academic record:

Give particulars of all examinations and degrees obtained:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Exam /  Degree | Board / Institution / University | Medium of Examination | Year of Passing | Division / Class  with % of marks | Subject (s)  Offered |
|  |  |  |  |  |  |

10. List of documents attached:-

1.

2.

3.

4.

5.

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

SIGNATURE OF THE APPLICANT

Place & Date: