SHRI VISWAKARMA SKILL UNIVERSITY

APPLICATION FORM FOR THE POST OF SKILL TRAINER AND ASST SKILL TRAINER

1. **NAME:**
2. **FATHER'S NAME:**
3. **MOTHER'S NAME:**
4. **AGE: (dd/mm/yyyy)** **5. GENDER: M/ F/ IIIrd**
6. **AADHAR CARD NUMBER:**
7. **EMAIL:** **8. PHONE NUMBER:**
9. **CATEGORY:** (Gen/ BC-A, BC-B/ SC) (Haryana)/ AIC/ J&K Migrant/ Dudhola domicile
10. **PERSON WITH DISABILITY:** (Yes OR No)
11. **MINORITY CATEGORY:** (Yes OR No) (If yes, please specify)
12. **CORRESPONDENCE ADDRESS:**

Name			
House No			
Village/ Colony/ Sector			
District/ City			
State		PIN Code	

13. EDUCATIONAL QUALIFICATION:

S. No	School/ College	Education Board	Passing Year	Subject	Marks/ Grade

14. **WORK EXPERIENCE:**
    A. **TEACHING:**

    B. **INDUSTRY:**

15. **CURRENT JOB DETAILS:**
    A. **EMPLOYER/ COMPANY**

    B. **DESIGNATION**

C. **NOTICE PERIOD** (In any)

16. TRAINING SECTOR: (Tick anyone or more)

WELDING	**MACHINING**	**ASSEMBLY**	**SERVICING**	**PAINTING**

17. DECLARATION

I hereby declare that information furnished above is correct to best of my knowledge.

Date:

(Signature)