

Govt. of Jammu & Kashmir

Social Welfare Department

**APPLICATION FORMS FOR ADMISSION TO TRAINING IN CUTTING AND TAILORING CENTRE'S,
DISTRICT SAMBA.**

1. Trade for which applied _____
2. Name of the Applicant _____
(IN BLOCK LETTERS)
3. Name of the w/o /guardian/F/o _____
4. Residence _____
5. Date of Birth according to Christian _____
Era (Attach D.O.B. Certificate)
6. Do you belong to SC/ST Category _____
If so, specify the sub-caste
7. Academic Qualification _____
(Attach Qualification Certificate)
8. Monthly income of the family _____

Dated:-

Signature of the Applicant

DECLARATION BY THE PARENT/GUARDIAN

I _____ D/o,W/oSh. _____

R/o _____ do here by solemnly declare that the above

Mentioned entries are correct to the best of my knowledge and belief.

Signature of Father/Guardian

TO BE ISSUED BY TEHSILDAR/GAZETTED OFFICER

Certified that the monthly income of the family of Shri _____

_____ from all sources is Rs. _____ (in words) Rupees _____

_____ Only.

Eligibilities:

1. Age between 14 – 35 yrs
2. Middle pass or above.