Community Development Training Initiative
IHRU

Registration Form

Form No. …… **Date:**

Photo

Name : Mr./Mrs./Ms.: _____ _____ _____
(First Name) (Second Name) (Last name)

1. Sex : ☐ Female ☐ Male
2. Category : ☐ SC ☐ ST ☐ OBC ☐ Gen ☐ Others
3. Date of Birth: ..... (DD/MM/YYYY)
4. Father's Name : Mr. : .....
5. Address :

_____

6. Mobile : ..... 7. E-mail : .....

8. Status : ☐ Student ☐ Unemployed
☐ Self Employed ☐ Employed

9. Educational Qualification:
10. Any special qualifications / Training: _____
11. Area of Interest \
    a. Computer Training: Basic / Certificate/ MS Office/ DTP /Tally/Diploma
    b. Medical Sector: OT Assistant/ Nursing Assistant/ Patient Care/ Old Age Care/ First Aid
    c. Any other Training

    Specify: _____
12. Family Income (Mpnthly): Father _____ Mother _____ Other_____
13. Aadhar Number :
14 Bank Name :

Declaration:

I/We hereby confirm that above-mentioned information is true and correct to the best of my knowledge.
Name:

Date:
Place: (Surveyor) (Signature of the Applicant)

For Office Use : Admission No **Course Name**

Date **Fee Received INR**

Signature