



**DEPARTMENT OF SKILL DEVELOPMENT - J&K**

**ADMISSION FORM 2020-21  
(SHORT TERM JOB ORIENTED SKILL COURSE)**



NAME OF THE CANDIDATE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

ADDRESS FOR  
CORRESPONDENCE:

Photograph

**NAME OF THE COURSE:**

**DATE OF BIRTH:**        /        /

**Name of the ITI where applied:**

Age as on 1<sup>st</sup> Nov 2020:

**Gender:**

**Aadhar No:**

**Mobile No:** \_\_\_\_\_

**Email Address:**

**Alternative No:**

***EDUCATIONAL QUALIFICATION***

Class	Exam Year	Max Marks	Marks Obtd	Percentage
5 <sup>th</sup>				
8 <sup>th</sup>				
10 <sup>th</sup>				
12 <sup>th</sup>				
<b>Basic literacy/ Experience, if any</b>				

Certified that the information submitted above is true to the best of my Knowledge & belief.  
If found incorrect, my admission may be cancelled.

Signature of the Student

**For Office Use:**

**Form Serial No:** \_\_\_\_\_

Serial No in the merit list: \_\_\_\_\_

Checked by

Verified by

Approved