

**SWAMI VIVEKANAND YUVA KAUSHAL SETU (SVYKS)****Form 4 - Candidate Registration****A. Candidate Profile**

1 Candidate Name

\_\_\_\_\_

First Name Middle Name Last Name

2 Gender  Male  Female  Other3 Date of Birth : \_\_\_\_\_  
(Attach any proof) ( DD / MM / YYYY )

4 Contact No. : \_\_\_\_\_

5 Email Id : \_\_\_\_\_

6 Whether Registered Under any Scheme  Yes  No

7 Scheme Name : \_\_\_\_\_

8 Source of Registration

 Individual  DTTC  TA Mobilizer

9 Enter TA/DTTC/Mobilizer Id : \_\_\_\_\_

10 Phone No. 1. \_\_\_\_\_ 2. \_\_\_\_\_

11 Email Id : \_\_\_\_\_

12 Whatsapp No. : \_\_\_\_\_

13 Address : \_\_\_\_\_

City : \_\_\_\_\_ District : \_\_\_\_\_ Pin Code : \_\_\_\_\_

**B. Candidate Personal Details**

1 Father's Name : \_\_\_\_\_

2 Mother's Name : \_\_\_\_\_

3 Husband's Name : \_\_\_\_\_

4 Religion : \_\_\_\_\_

5 Category  SC  ST  OBC  
 General (Attach Caste Certificate for SC/ST/OBC)6 Minority  Yes  No7 Marital Status  Single  Married  Widow  
 Never Married  Divorced  Other \_\_\_\_\_8 Disability (Attach Certificate)  Yes  No

9 Type of Disability : \_\_\_\_\_

% of Disability

(Attach Proof for all declared information)

Paste recent Color  
Photograph & Staple  
2 more Same  
passport size color  
photograph

Signature

**C. Identification of Candidate**

- 1 Aadhar No./Aadhar Enroll No. (mandatory) : \_\_\_\_\_
- 2 BPL Registration Number (If applicable)) : \_\_\_\_\_
- 3 Domicile of CG ? (Yes/No) : \_\_\_\_\_
- 4 Any Recommendation for RPL (Yes/No) : \_\_\_\_\_
- 5 If Yes Specify Source : \_\_\_\_\_

(Attach Proof for Aadhar, Domicile,BPL & all other declared information)

**D. Qualification Details**

S N	Qualification	Type of Qualification	Year of Passing	Duration in Month	School / College Name	Full Address of Institute	Board / University Name	Full Address of Board/University.	% of Marks	Division / Grade
1										
2										
3										
4										

(Attach photocopy of marksheet/certificate for all qualification detail)

**E. Vocational Qualification Details**

S N	Modular Course Name	Modular Course Sector	Modular Course Code	NSQF Level (1-10)	Year of Passing	Duration of course (in months)	Center Name	Center Full Address	Certifying Agency Name
1									
2									
3									

(Attach photocopy of marksheet/certificate for all vocational qualification detail)

**F. Experience Details**

SN	Non-Working/Working/Retired	Full Time / Part Time	Central Govt / State Govt / Private / Semi Govt / PSU / Autonomous Body / Statutory Body / Corporation / Others	Name of Organization / Department	Designation & Office Address	Contact Number of Office	From	Up to	Duration (MM/YY)	Nature of Work	Domain
1											
2											
3											

(Attach Proof of Experience)

**G. Award / Recognition (if applicable)**

SN	Award / Recognition	Name of Award / Recognition	National/International/State Level	Year	Given By (Govt/ Private/ UNO/ Other)	Name of Organization / Agency	Country	Description (for which work you got Award / Recognition)	Any other information
1									
2									
3									

(Attach Proof of Award / Recognition)

**H. Registration fee Details**

- 1  DD  NEFT  RTGS  IMPS
- 2 DD No./NEFT/RTGS/IMPS Transaction No. : \_\_\_\_\_
- 3 Date of Payment : \_\_\_\_\_
- 4 Issuing Bank : \_\_\_\_\_
- 5 Amount : \_\_\_\_\_

(Attach Proof for above mentioned payment details with appropriate transaction proof)

Declaration: I solemnly declare that above mentioned all information are true to my knowledge and belief

Date :

Name & Signature of Candidate  
with date

<b>I. For office use only</b>	
1 Enrollment No/ Candidate Id	: _____
2 Roll No.	: _____
3 Batch No.	: _____
4 Course Code	: _____
5 RPL Type	: _____
6 TA Name	: _____
7 TA Reg. No	: _____
8 TTC Name	: _____
9 TTC No	: _____
10 Direct TTC Name	: _____
11 Direct TTC No	: _____
12 Approved-Not Approved	: _____

**Checked By:**

Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Contact No : \_\_\_\_\_

Signature with Date :