

Application Form

Name of the Course & Code : _____
Location : _____

Sl	Particular	First Name	Middle Name	Surname
1	Applicant's Name (IN CAPITAL)			
2	Father's Name (IN CAPITAL)			
3	Mother's Name (IN CAPITAL)			
4	Date of Birth [For Eg. 23/June/1970]			
5	Gender	Male / Female		
6	Category	SC / ST / General / OBC		
7	Whether physically handicapped	Yes / No		
8	Fee			
9	Whether Minority	Yes / No (Please Specify)		
10	Highest Education (Please Tick)	Post Graduate & Above <input type="checkbox"/>	Diploma <input type="checkbox"/>	Graduate <input type="checkbox"/>
		Class 12 th Pass <input type="checkbox"/>	Class 10 th Pass <input type="checkbox"/>	Class 08 th Pass <input type="checkbox"/>
		Illiterate <input type="checkbox"/>		
11	Identity Document (Please Tick)	10 th Certificate Roll No. <input type="checkbox"/>	Bank Account No. <input type="checkbox"/>	BPL Card <input type="checkbox"/>
		Driving License <input type="checkbox"/>	Election Voter I-Card <input type="checkbox"/>	PAN Card <input type="checkbox"/>
		Ration Card <input type="checkbox"/>	UID <input type="checkbox"/>	Others <input type="checkbox"/>
12	Mobile No.			
13	Phone No. (With STD Code)			
14	State	MAHARASHTRA		
15	District			
	City			
	Address			
	Pin Code			
16	Email id			
17	Training Objective	Self Employment / Wage Employment /Not Decided		
	If you are opting for Self Employment will you require support of RGUMY	Yes No		

Date: _____

Signature of Applicant

Kindly submit documents in support of Age, Education, Caste etc.