



Form No.....

**COMPOSITE REGIONAL CENTRE FOR SKILL DEVELOPMENT,  
REHABILITATION & EMPOWERMENT OF PERSONS WITH DISABILITIES**Deptt. of Empowerment of PwDs (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India  
**NEAR MAHAMAYA TEMPLE, SUNDERNAGAR, DISTT. MANDI (H.P.) 175018**  
Ph. : 01907-267338, 267638 Tel/Fax : 01907-266638**ACADEMIC SESSION 2023-24****APPLICATION FORM FOR ADMISSION TO (Name of the Course) :** .....

1. Student's Name : .....
2. Father's Name : .....
3. Mother's Name : .....
4. Date of Birth (dd/mm/yyyy) .....
5. Gender: Male/ Female/Transgender .....
6. Nationality : .....
7. Aadhar Number .....
8. Category: SC  ST  OBC  PH  Gen  PwD (in family)
9. PwD Yes  No
10. If yes, mention UDID number or UDID enrollment number .....
11. Do you belongs to EWS Category Yes  No

Photograph of  
applicant

35 x 45mm

12. Permanent Address		Correspondence Address
Address		
Village/City		
District		
State		
Pin code		
13. Mobile No.		E-mail ID :

14. Educational Qualification :

Name of the examination passed	Board/University	Year of Passing	Total Marks	Marks obtained	%age obtained	Subject (s)
10th						
12th						
Any Other						

**Declaration:**

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidature shall be liable for cancellation for admission by the NBER, RCI or concerned training institute at any stage.

(Name and Signature of the Applicant)

*Note: Self attested copies of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to be enclosed alongwith with the application form.***ACKNOWLEDGEMENT SLIP**

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**Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities**Deptt. of Empowerment of PwDs (Divyangjan), Ministry of Social Justice & Empowerment, Govt. of India  
**NEAR MAHAMAYA TEMPLE, SUNDERNAGAR, DISTT. MANDI (H.P.) 175018**  
Ph. : 01907-267338, 267638 Tel/Fax : 01907-266638

Received Application from \_\_\_\_\_ S/o/D/o/W/o \_\_\_\_\_

for admission to \_\_\_\_\_ for the academic session 2023-24.

Name &amp; Signature of the

Date : .....

Place : .....

Course Coordinator/HOD