INSTITUTE OF HUMAN RESOURCES DEVELOPEMNT

ERNAKULAM REGIONAL CENTRE,
EDAPPALLY, KOCHI – 682 24

APPLICATION FORM

1.	**Name of the Training center**			
2.	**Course Applied for**			
3.	**First Name**			
4.	**Middle Name**			
5.	**Last Name**			
6.	**Mother's Name**			
7.	**Father's Name**			
8.	**Student's Mobile Number**			
9.	**Parent's Mobile Number**			
10.	**Permanent Address**			
11.	**Address for communication**			
12.	**Home District of student**			
13.	**State**		**Pin code**	
14.	**Gender**		**Age & Date of Birth (DD/MM/YY)**	
15.	**Email Id**			
16.	**Alternate Email Id**			
17.	**Religion**		**Caste**	

18.	**Category (Please choose appropriate category)**		**Details of supporting documents attached**
	i.	Annual Income below Rs.5,00,000/-	
	ii.	Economically Weaker Sections/SC/ST/OBC	
	iii.	Unemployed women due to COVID-19 outbreak/Flood hit	
	iv.	Single parent	
	v.	Mother of a differently abled child/children	
	vi.	Widow/Divorced	
	vii.	Mother of a single girl child	
19.	Is differently abled?, If yes , mention the details		
20.	Aadhaar ID		
21.	**Qualification & % of marks**		

	Qualification	**Year of passing**	**Stream (if Applicable)**	**Percentage of marks**
	S.S.L.C			
	Plus two			
	Degree			

Declaration

I hereby declare that the information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences

Date : **Signature of Applicant**

Documents to be attached:-

1. Self-attested Copies of certificates (Aadhaar card, SSLC, Plus Two, Degree)
2. Income Certificate, if required
3. Caste certificate, if required
4. Passport size photo
5. Document supporting category as per Sl No 18 & Sl No 21