



सत्यमेव जयते



### SPACE ENGINEERS WELFARE SOCIETY (SEWELS)

Vellanad P.O., Thiruvananthapuram – 695 543  
Email :sistddugky@gmail.com website : www.sist.in/ddugky

<b>University/Board of highest qualification</b>				<b>Passing year</b>		
				<b>Percentage/ grade</b>		
<b>Technical qualification</b>	ITI	Other	<b>Other, Please specify</b>			
<b>Previously undergone skill training</b>	Yes	No	<b>If yes , Please specify name of program</b>			
<b>Work experience</b>	Yes	No	<b>If yes , Please specify number of Years</b>			
<b>Type of work</b>				<b>Location of work</b>		
<b>Aadhar Number</b>			<b>Enrolment No(EID)</b>			
<b>Job Card Number/ NREGA</b>				<b>RSBY Card Number<sup>53</sup></b>		
				<b>BPL Ration Card No</b>		
<b>Antyodaya Anna Yogana Ration Card Number</b>				<b>Driving License Number</b>		
					Two Wheeler	
					LMV	
<b>Own a Bank account</b>	Yes	No	<b>Name of Bank</b>			
<b>Do you have any insurance coverage</b>	Yes	No	<b>If yes, please specify</b>		PMSBY <sup>54</sup>	PMJJBY <sup>55</sup>
				Other:		
<b>Category</b>	SC	ST	<b>Native language</b>			
Language known (basic, medium, good, excellent)	Native	Read		Write		Speak
	Hindi	Read		Write		Speak
	English	Read		Write		Speak
	Other:	Read		Write		Speak
<b>PWD type, please specify if applicable</b>			<b>Chronic disease if any, please specify</b>		T.B.	Epilepsy
				Other:		
<sup>53</sup> Or alternative records used by RSBY, as notified by the state government						
<sup>54</sup> Pradhan Mantri Suraksha Bima Yogana						
<sup>55</sup> Pradhan Mantri Jeevan Jyoti Bima Yogana						

B. Family Details:								
Name of Head of Family				Marital Status of Head of Family		Single		Married
						Widowed		Divorced
Occupation of the Head of the Family	Farmer	Labourer		Other, Please specify				
Number of Members in the Family				Number of family members working outside village				
Is any family member of candidate an SHG member? <sup>56</sup>	Yes	No		Name of SHG				
Monthly Income of the family (in Rs.)				Monthly expenses of the family in (in Rs.)				
Total land owned by the family (in acres)				Agricultural land (in acres)				
Family deatails:								
Name of family member	Relation	Phone number	Age	M/F	Highest level of education	Occupation	Monthly income (in Rs.)	Enrolled in NREGS or skill training
	Father			M				
	Mother			F				
<sup>56</sup> Screenshot from nrlm.gov.in with Name of SHG, SHG Id and Name of member shall be enclosed along with declaration from SHG office bearer stating that candidate is part of the family of SHG member.								

**C. Resident details:**

<b>Present Address</b>	House Number				
	Street:			Near Landmark:	
	Village			Block	
	Post Office:			Police Station	
	Gram Panchayat			District:	
	State:			Pincode:	
<b>Permanent Address (if different from above)</b>	House Number				
	Street:			Near Landmark:	
	Village			Block	
	Post Office:			Police Station	
	Gram Panchayat			District:	
	State:			Pincode:	
<b>Own house</b>	Yes	No	<b>Electricity availability</b>	Yes	No
<b>Number of living rooms in house</b>			<b>Number of vehicles in house</b>		
<b>Type of cooking material used</b> (check all applicable)	Biogas		Coal	Electric Stove	
	Wood		Kerosene	LPG	
	Smokeless Chulha		Cow Dung	Other:	

**D. Candidate interests and preferences**

Trades you are interested in	1	2	N.A. (I am open to any trade)	
Preferred duration of training			Salary expectation after training:	
Have you met any alumni from the training program	No	Yes	If yes, please specify how many:	
Have you met any employers	No	Yes	If yes, please specify how many:	
Is any of your family or friends planning to join the training program with you	No	Yes	If yes, please specify how many:	
Are you willing to migrate for training	No		Yes, willing to migrate within the state	Yes, willing to migrate anywhere for training
Are you willing to migrate for work	No		Yes, willing to migrate within the state	Yes, willing to migrate anywhere for work
What motivates you to join the training	Job		Certification	Other, Please specify
Plan to continue studies after training	Yes		No	Uncertain
How did you hear about this training	Gram Panchayat		Training Centre representative (Specify Name if known)	
	FAMILY	FRIENDS	NEWSPAPER	Other, please specify

**Declaration:**

I, \_\_\_\_\_ S/o / W/o /D/o \_\_\_\_\_ hereby declare that the information provided above is true to the best of my knowledge & belief. If selected for training, I hereby undertake:

- a. To attend and participate in all the sessions/ classes of the aforesaid training program diligently
- b. To maintain discipline and follow the instructions of the trainer, while undergoing the said training program;
- c. To successfully complete the training program; and

I understand that I will be deemed ineligible for assessment and certification unless, I fulfill the above criteria and meet the assessment standards.

**Signature of candidate**

The following documents are attached:

- i. 2 photos
- ii. Photo Identity Proof
- iii. Document as proof of identity (Aadharcard/ Voter ID/ Driving License or any other ID card issued by Govt. of India)
- iv. Document as proof of domicile (Ration card or any other)
- v. BPL Card or Certification by Panchayat Authority/ Job Card (MNREGA)/ RSBY Card/ Antyodaya Anna Yojana Ration Card/ SHG Certificate / PIP list approved by Gram Sabha.
- vi. Proof of SC/ST/ OBC/ Minority/ PWD/ If applicable.(PWD- self declaration can be accepted)
- vii. Proof of Educational Qualification(Copy of educational certificates, self attested)

**Signature of Applicant**

**Bank account tracking**

I, \_\_\_\_\_ Son/ Daughter/Wife of \_\_\_\_\_ hereby allow Ministry of Rural Development to view my bank transactions, in order to track timely receipt of my salary and benefits that I receive in my bank account, for a period of 18 months.

Bank account number:	
Name of Bank:	
Branch Name:	
District:	
IFSC Code:	

**Date**

**Signature of the Candidate**

**Declaration of Guardian<sup>57</sup>**

I, \_\_\_\_\_ S/o /W/o /D/o \_\_\_\_\_ hereby declare that the information provided by \_\_\_\_\_ (Name of Candidate) S/o / W/o / D/o \_\_\_\_\_ above is true and correct. I also declare that he/ she does not have any police case pending I hereby give my approval to be held accountable for \_\_\_\_\_ (Name of Candidate) indiscipline/ dropping out from training/ job after one year of joining of the DDUGKY.

Relation to Candidate:			
Address:			
Phone No:		MOBILE	
Occupation:			
Date of Birth(dd/mm/yyyy):			

I understand that I can be contacted any private/ government agency involved in DDU-GKY for any further query related to candidate for a period of 18 months.

**Date**

**Signature of the Guardian**