

GOVERNMENT OF INDIA

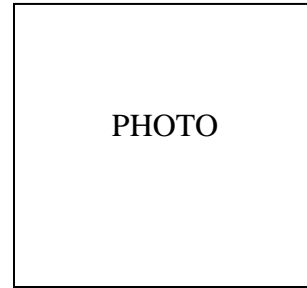
NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH

MUMBAI CAMPUS: 332, S.V.P. ROAD, KHETWADI, MUMBAI – 400 004.
TEL.: 2388 1724 / 2389 3165 **FAX NO.** (91) 22 – 2386 2736 **Email:** director.fwtrc@nic.in
Website: www.fwtrc.gov.in

APPLICATION FORM FOR SKILL DEVELOPMENT PROGRAMME

Name of the Course:
(Please tick the appropriate box.)

- I) Sanitary Health Inspector
- II) Diabetic Educator
- III) Home Health Aide
- IV) General Duty Assistant
- V) First Responder



Details of Application fee:
Demand Draft/Bankers cheque No.:
Name of the Bank, Date and Place:

1. Name in Full:
(In Block Letters)
2. Sex:
3. Age (as on 31st March 2020):
4. Marital Status:
5. a. Present Address (to which communication to be sent):

b. Permanent Address (If different from above):

c. Mobile No.: _____ Phone No. (Residence): _____

d. Email (Compulsory): _____

6. Date & Place of Birth: Place: _____

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7. Do you belong to Scheduled Caste / Scheduled Tribe / OBC/ EWS:

| | |
|-----|----|
| YES | NO |
|-----|----|

If Yes, (Please tick the appropriate box.)

| | | | |
|-----------------|-----------------|-----|-------|
| Scheduled Caste | Scheduled Tribe | OBC | E W S |
|-----------------|-----------------|-----|-------|

(Please attach Valid Caste Certificate & OBC Non-Creamy Layer Certificate from the District Authority otherwise application will be treated as general category.)

8. Academic record: Give particulars of all examinations and degrees obtained:

| Exam / Degree | Board / Institution / University | Medium of Examination | Year of Passing | Division / Class with % of marks | Subject (s) Offered |
|---------------|----------------------------------|-----------------------|-----------------|----------------------------------|---------------------|
| | | | | | |

DECLARATION BY THE APPLICANT

I hereby declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief.

Place & Date:

SIGNATURE OF THE APPLICANT

ENCLOSURES TO BE ATTACHED ALONG WITH APPLICATION FORM:

1. SSC and HSC certificate (attested copy)
2. Graduation certificate if any (attested copy)
3. Age proof (attested copy)
4. Caste certificate along with validity certificate (attested copy)
5. Non creamy layer certificate for OBC candidates (attested copy)
6. Medical fitness certificate from the District Civil Surgeon or equivalent Competent Medical Authority

Applications should be sent by registered post to the Director, National Institute of Public Health Training and Research, 332, S. V. P. Road, Khetwadi, Mumbai - 400 004 on or before 31st March 2020.