

Candidate Application Form for Skill Competition

স্কিলট্রেনিংনি, স্বাবলস্বীহোন,ত্রিপুরারউন্নয়নে ভাগীদার হউন

Directorate of Skill Development



SKILL TRIPURA

Name of Candidate (in bold): _____

Name of Father/ Husband: _____

Stamp size
Photo

Gender: Male / Female Date of Birth: _____ / _____ / _____

Caste/ Category: _____ Education: _____

Address: _____

_____ District: _____ PIN: _____

Phone No.: _____ Email: _____

Aadhaar No.: _____ Whether Differently Abled: Yes/ No

What are you doing now? Unemployed/Job/Wage earner/Self-employed

Working experience: _____

Which Job role you would like to compete for the skill competition?

_____ Preference 1 / _____ Preference 2 / _____

_____ Preference 3

Training experience in the selected job role _____ Place _____ / _____

_____ District

Are you willing to go outside state for skill competition Yes / No

Place: _____

Date: _____

Signature of Applicant

***Candidates have to download the form and fill up the registration form. Scanned registration form along with pictures send it to skillcompetitiontripura@gmail.com email address before 3rd April*