

AKWL School for Capacity Building

Subject: 'Scheme for Skills Development for persons of Economically Weaker Sections' for making them employable

APPLICATION FORM

Name of the Candidate : _____

Date of Birth : _____

Fathers' Name : _____

Mothers' Name : _____

Address : _____

Permanent Address : _____

Phone Nos. (Tele./Mob.) : _____

e-mail (if any) : _____

Qualification ,Educational :
Level O Below 10 O 10+2 (12th) O Graduate O Post Graduate

School Name : _____

Board / University : UP / CBSE / ICSE / ISC /

Subjects : _____

Percentage : _____

Year of Passing : _____

Medium of Study : English / Hindi

Qualification-Vocational (if any) : _____

Proficiency in English :
 O Writing O Reading O Understanding only O None of them

Typing (English / Hindi) : _____ Speed (words per minute)

Basic Computer Knowledge:

- MS Windows
 - MS Office [WORD / EXCEL / POWERPOINT]
 - INTERNET / Email
 - Others (if any)
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Family Background :

- Total no. of family members : _____
- No. of family members (Employed) : _____
- Total Earnings of the family (approx.pm) : Rs. _____

Object of Seeking Training :

(Select any one of the following fields and write about your objective for doing so)

- Data Entry Operators
 - Receptionist
 - Call Center Executive
 - Customer Executive
 - Biotech
 - Accounts Executive
 - Office Assistant
 - others, please specify
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Identification proof attached, e.g. ration card

Institute for Training, applicant intends to join:.....

Name of course/ no of hours of course:

Course fee to be paid by applicant: Rs

Certificate of course to be issued by :

Financial help being requested: Rs

References:Name,Address,Phone No. , Email

Reference 1 : _____

Reference 2 : _____

Applicants' Signature and date:

Date of interview:

Decision of AKWL after interview of candidate: Application accepted/ rejected

2. If approved ,payment of 50% or 75% fees, by cheque to the institute, cheque no /date

Secretary