

EXPORT PROMOTION COUNCIL FOR HANDICRAFTS

APPLICATION FORM FOR PARTICIPATION IN SKILL DEVELOPMENT PROGRAM UNDER COMPREHENSIVE HANDICRAFTS CLUSTER DEVELOPEMNT SCHEME (CHCDS) OF O/o DEVELOPMENT COMMISSIONER (HANDICRAFTS) , GOVERNMENT OF INDIA

1.	Name of the participants*	_____	Photograph
2.	Father / Husband name	_____	
3.	Category	<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC	
4.	Date of Birth	_____	
5.	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	
6.	Address	_____ _____ _____	
		Tel /Mobile : _____ Fax: _____ Email : _____	
7.	Education Qualification	_____	
8.	Artisan Card No. ID card issued by O/o DC(H) (attach copy)	_____	
9.	Aadhar Card No. (attach copy)	_____	
10.	Craft Practised	_____	
11.	Status	<input type="checkbox"/> Skilled <input type="checkbox"/> Semi Skilled	
12.	Interested in Skill development	<input type="checkbox"/> Training on Wooden Furniture and Crafts <input type="checkbox"/> Training on Metal & Metal Based Crafts <input type="checkbox"/> Training on Applique Crafts <input type="checkbox"/> Training on Tie & Dye, Bone & MoP inlay, Block Printing, Hand Embroidery and flat woven durries manufacturing.	
13.	Bank Details (PM Jan Dhan Yojana A/C no.)	_____	
	Bank Name:	_____	
	Branch Address :	_____	
	Account No.:	_____	
	Type of A/C :	_____	
	IFSC Code :	_____	
	(attach copy of pass book)		
14.	Whether artisan, individual is also a member of any organisation. (If yes, please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No SHG / Artisan Federation / NGO /others	

**In case of SHG/Artisan Federation/ NGO etc , attached separate sheet for each individual participant*

I hereby understand that the particulars given above are true to the best of my knowledge.

Date :

Signature

Name : _____