



STUDENTS ADMISSION FORM

PMKVY 2.0 – STUDENT DETAILS			
Name of the Candidate : (As per Aadhar Card)			
Father/ Husband Name:			
Mother's Name:		, la ata	whata
Address:		photo	photo
Aadhar No.			
Gender: Ca	tegory:	Religion:	Date Of Birth: /
Contact No.:		Education Level :	
Trainee Centre Name :	MHS	KAN	
Trainee Centre Address:	State:		Pin Code:
Course ID:		Sector Covered:	. Job Role:
Trainer' Name:			
Trainer' Address:		Mobile: Land Line:	
Batch Start Date :		Batch Ends Date :	
Assessment Date :		Certificate Received On:	
Centre ID:		Partner Name : MUSKAN	
Enrollment no. as per SDMS:		Aadhar Card No. :	
Counselor Signature : Centre Director Signatur		re:	Candidate Signature: