

Application form for training Programme on ESDP/ EDP/ MDP / BSDP

NAME OF THE PROGRAMME

1. Name of the Candidate. :.....
2. Father's Name :.....
3. Address :.....
.....
Phone No/Mobile No
4. Age (Date of Birth) :.....
5. Educational Qualification :.....
6. Sex : MALE / FEMLE
7. Caste (Category) : **General / SC / ST / OBC / P.H. / Ex. Serviceman/ Woman**
8. Minority : **Christian / Budhist / Jain / Sikh / Parsi**
9. Fee paid : Rs. Cash / Demand Draft No
Drawing Bank..... Date.....
10. T.R. 5 No (If deposited in cash with the cashier of O/o Director MSME DI, Jammu)

Signature of Candidate

Date :/...../.....
Date Month Year

Note: Candidates can also send their application on Fax No 0191-2431077.