



Jan Shikshan Sansthan, Chandigarh

(Institute of People's Education)

Spon. by Ministry of Skill Development and Entrepreneurship, Govt. of India
JSS Complex, Near Prajapati Bhawan, Sector 38-A, Chandigarh-160014
Phone : 0172-2697740



Skill India
कौशल भारत - कुशल भारत

BENEFICIARY REGISTRATION/ ENROLMENT FORM

NAME			
FATHER/HUSBAND NAME			
DATE OF BIRTH	DD/MM/YY:	<input type="text"/>	<input type="text"/>
GENDER	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	TRANSGENDER <input type="checkbox"/>
AADHAR NUMBER			
PAN NUMBER			
ADDRESS & PIN CODE			
STATE			
MOBILE NUMBER (2)	<input type="text"/>	<input type="text"/>	
EMAIL ID			
MARITAL STATUS	MARRIED <input type="checkbox"/>	UN-MARRIED <input type="checkbox"/>	
PHYSICALLY CHALLENGED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
CATEGORY	SC <input type="checkbox"/>	ST <input type="checkbox"/>	OBC <input type="checkbox"/> MINORITY <input type="checkbox"/> OTHERS <input type="checkbox"/>
EDUCATION QUALIFICATION	TO 8TH <input type="checkbox"/>	9TH TO 10TH <input type="checkbox"/>	11TH TO 12TH <input type="checkbox"/> ITI <input type="checkbox"/> OTHERS <input type="checkbox"/>
LOCALITY	URBAN <input type="checkbox"/>	RURAL <input type="checkbox"/>	TRIBAL <input type="checkbox"/>
INCOME LEVEL	APL <input type="checkbox"/>	BPL <input type="checkbox"/>	
EMPLOYMENT STATUS	EMPLOYED <input type="checkbox"/>	UNEMPLOYED <input type="checkbox"/>	SELF-EMPLOYED <input type="checkbox"/>
ARE YOU INTERESTED IN	<input type="checkbox"/> HIGHER EDUCATION	<input type="checkbox"/> SELF-EMPLOYMENT	
	<input type="checkbox"/> JOB	<input type="checkbox"/> ABROAD	
ARE YOU INTERESTED IN SPOKEN ENGLISH COURSE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Disclaimer

I confirm that the personal information provided on the beneficiary enrolment form are true, complete and accurate. The information and other relevant material provided can be shared across stakeholders for placement assistance and verification purpose.

FOR OFFICE USE ONLY

(SIGNATURE OF BENEFICIARY)

CENTER NAME :	COURSE NAME :
SUB COURSE NAME :	BATCH NO:
BENEFICIARY CODE NO :	DATE :

DISCLAIMER:

The Jan Shikshan Sansthan confirms the following with regards to the information provided by the beneficiary.

1. The information and other relevant material presented by the beneficiary is true and verified by the Jan Shikshan Sansthan
2. Agrees to upload all the information and data on JSS portal including the identity card and personal photograph of the beneficiary
3. Understand that the information and other relevant material presented by the beneficiary can be shared across stakeholders for placement assistance and verification purpose.

(SIGNATURE OF PROGRAMME OFFICER/
ASST. PROGRAMME OFFICER)