

Gopalan Skill Academy (GSA) (A Venture of Gopalan Foundation)

WWW.GOPALANSKILLACADEMY.IN

APPLICATION FORM FOR UNDERGOING TRAINING, ASSESSMENT & CERTIFICATION

GSA Reg. No.

GO. No.

Application No.

Date

1. VTP Registration Number

2. Center I D No.

(FOR OFFICE USE ONLY)

3. SDMS Enrollment Number

4. Salutation Mr. ☐ Ms. ☐ Mrs. ☐

5. First Name of Candidate

6. Middle Name of Candidate

7. Last Name of Candidate

8. Gender (✓) Transgender ☐ Male ☐ Female ☐

9. Date of Birth 9A. Height (Inch) Weight (Kg)
DD MM YYYY

10. Aadhaar Enrollment No.

11. Aadhaar No.

12. Alternate I D (✓) Pan Card ☐ Pan Card No.

Voter I D ☐ Voter ID No.

13. Caste & Reservation Category (✓)

Gen	OBC	SC	ST	Minority	NA	PWD	If PWD %
-----	-----	----	----	----------	----	-----	----------

14. Religion (✓)

Hindu	Muslim	Christian	Sikh	Buddhist	Jews	Others
-------	--------	-----------	------	----------	------	--------

15. Trainee Address :

Present Address

City

District

PIN

State

Mobile No.

Permanent Address

City

District

PIN

State

Mobile No.

16. Hobbies

17. Interest

18. Medical History (If Any)

19. Guardian Type (✓) S/o D/o W/o C/o

20. First Name of Father / Guardian

21. Last Name of Father / Guardian

22. Pre Training Status (✓) Fresher Experienced Worked & currently Under Professional Break

23. No. of Years of Previous Experience (✓) 1 2 3 4 5 6 7 8 9 10

24. Contact No. of Trainee Land Line

25. Email I D of Trainee

26. Educational Level (✓) 5th to 8th Undergraduate School Dropout

27. Languages Known (✓) 9th to 10th Graduate ITI

Languages	R	W	S

11th to 12th Post Graduate Diploma

Polytechnic

28. Technical Education (✓) Yes No (If Yes, Mention Branch)

29. Enrollment Number (For Office Use Only)

30. Sector Skill Council a.

31. Job Role a.

32. Averg. Course Duration Days : 45 Days. Inclusive of (OJT) On job training. (7 days theory + 15days project + 23days OJT)

33. Min. Course Duration in Hours / Per Day: 4 Hrs (240 Minutes)
(Inclusive of Theory / Practical / OJT / Assignments)

34. Placement Status (✓) Yes No

35. Employment Type (✓) Upskilled

Employed through partner

Self Employed

Opted for higher studies

NA

35.a) Preferred Work Location (City & Area Name)

35.b) Preferred Work Shift Mark - 1,2,3

Day Shift

Second Shift

Night Shift

36. Marital Status (✓)

Married	
---------	--

Single / Unmarried	
--------------------	--

37. Prior Skill Course Enrollment (✓)
of Scheme (If Any)

DDUGKY		YES		NO	
--------	--	-----	--	----	--

PMKVY		YES		NO	
-------	--	-----	--	----	--

if yes, Training Provider Name	Course :

if yes, Training Provider Name	Course :

38. Where did you hear about scheme (✓)

a. Newspaper	
b. Radio	
c. Posters	
d. Internet	
e. Pamphlets	
f. SMS	
g. Recorded Phone Message	

h. Social Media	
i. Events / Work Shop	
j. Television advertisements	
k. Call Center	
l. Training Provider	
m. Government Agency	

39. Specific Government Institutions (✓)

Aajeevika	
-----------	--

HPITI	
-------	--

NIOS	
------	--

Harayana Schools	
------------------	--

I have a operational SB Account in Bank (✓)

Yes	
-----	--

No	
----	--

Minor Account	Yes	No
---------------	-----	----

(if yes please fill the following details)

40. Bank Name

--

Branch Name

--

IFSC Code

--

Full Bank Account Number

--

Joint Account (✓)

Yes	No
-----	----

(I don't have a bank account, I request you to facilitate me to open my personal SB account)

Yes	
-----	--

No	
----	--

NA	
----	--

"I here by accept to receive all formal, promotional, marketing, info SMS's, Email's, Calls, Notices, Post's related to GSA and its activities."

Signature of Candidate

COURSE IN WHICH ADMISSION IS SOUGHT

A. Sector Skill Council: B. Course/Level:

Details of Training Partner (TP)

Name of Training Partner

Center Address

Center I D

PAYMENT DETAILS OF TRAINING FEE (If Any)

Cash/Cheque/DD/IPO No/Credit receipt No Dated Amount

(In words) Drawn on (Name And Address of Bank)

FUNDING PARTNER: Self Paid/Corporate Funding Receipt No.

"I here by accept to receive all formal, promotional, marketing, info SMS's, Email's, Calls, Notices, Post's related to GSA and its activities."

Authorized Signatory
Training PartnerSignature of the
Parent / GuardianSignature of the
Candidate

Paste your photos in the specified area below

Please note : Do not submit photos with head dress (cap / hat etc.)

1 PASSPORT SIZE PASTE HERE (DO NOT STAPLE)	2 PASSPORT SIZE PASTE HERE (DO NOT STAPLE)	3 PASSPORT SIZE PASTE HERE (DO NOT STAPLE)	4 PASSPORT SIZE PASTE HERE (DO NOT STAPLE)
---	---	---	---

STAMP SIZE
 PASTE HERE
 (DO NOT STAPLE)

Document Submission Check List (✓)

- ☐ 1. Applicants should submit photo copy of ID & address proof (ration card / voter ID / passport).
- ☐ 2. Applicant should submit photo copy of Aadhar Card-Mandate.
- ☐ 3. 1 Stamp size photo and 4 Passport size photos to be submitted (Paste in specified area of application, do not staple).
- ☐ 4. Caste / reservation certificate.
- ☐ 5. PWD certificate if applicable.
- ☐ 6. Income Proof if employed / self employed.
- ☐ 7. No Objection Form from parents / Guardians.
- ☐ 8. Bank account Pass Book (Photocopy) if account in existing.
- ☐ 9. Qualification proof (Highest Valid Qualification).

Note :

- 1 Candidates should have minimum 85% attendance.
- 2 "Permissions will be given for absence only in case of illness, provided it is intimated by the Parents / Guardians to the Principal, Gopalan Skill Academy."
- 3 Under no circumstances, the absence will be intimated by the academy to the parents / guardians.
- 4 Strict dress-code is enforced. Candidates should wear formal clothes only (T-Shirt Cargo pants are not allowed).
- 5 Mobile phones are strictly prohibited, if found using it will be confiscated with fine.
- 6 "Only Parents / Guardians should enquire about the progress of their ward. The entry of other relatives and friends is strictly prohibited."
- 7 Candidates should strictly follow the rules and the time table.
- 8 Documents listed, Photos and address proof to be submitted with application. Otherwise the application may not be considered.
- 9 "Certified copies of Markscards / doc's (if applicable) to be submitted with application, photos and address proof. Otherwise the application may not be considered."
- 10 Eve teasing and mall practices are strictly prohibited inside the campus.

COURSE IN WHICH TESTING & CERTIFICATION IS SOUGHT

A. Sector Skill Council: B. Course/Level:

DETAILS OF ASSESSING BODY & COLLECTION CENTER

Name & Address of Authorized Collection Center

On behalf of Assessment Body

Address of Assessment Body

PAYMENT DETAILS OF ASSESSMENT FEE (IF ANY)

Cash/Cheque/DD/IPO No/Credit receipt No Dated Amount.....

(In words) Drawn on (Name And Address of Bank)

FUNDING PARTNER: Self Paid/Corporate Funding Receipt No.

"I here by accept to receive all formal, promotional, marketing, info SMS's, Email's, Calls, Notices, Post's related to GSA and its activities."

Authorized Signatory
Training Partner

Signature of the
Parent / Guardian

Signature of the
Candidate