

JAN SHIKSHAN SANSTHAN : MAMIT

Under Ministry of Skill Development and Entrepreneurship,
Government of India



CV-189, Chhim Veng, Mamit –796441. Mizoram
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ADMISSION FORM

For Assistant Dress Maker

Full Name : _____	Passport Size Photo
Parent/Guardian Type : Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Guardian <input type="checkbox"/>	
Parent/Guardian Name : _____	
Date of Birth : _____ Age : _____	
Gender : _____ Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marital Status : Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorcee <input type="checkbox"/> Widow/Widower <input type="checkbox"/>	
Income Level : AAY <input type="checkbox"/> BPL <input type="checkbox"/> APL <input type="checkbox"/>	
Locality/ Village: _____ Religion : _____	
Street : _____ Pin Code : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Aadhaar Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Qualification : Non-Literate <input type="checkbox"/> 1 th - 4 th <input type="checkbox"/> 5 th - 8 th <input type="checkbox"/> 9 th - 10 th <input type="checkbox"/> 11 th - 12 th <input type="checkbox"/>	
Phone Number : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email Address : _____	
Category : ST <input type="checkbox"/> SC <input type="checkbox"/> OBC <input type="checkbox"/> If Other specify _____	

I, _____ hereby declare that the information's mentioned above are true to the best of my knowledge.

Place: _____

Date : _____

Signature of the Candidate

Note: Dilna thehlt ten **Aadhaar Card** thalak hnunglam leh hmalam fiahtak thehltur ani.