

# 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 Beauty Care Assistant

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