

Registration Form

Photo

1	Name			
2	Date of Birth		Gender (M/F)	
3	Father/Husband Name			
4	Address & District			
5	Marital Status			

6	Education			
7	Type of disability			
	Orthopedic		Blind	
	Deaf & Dumb		Others (pls write details)	
8	Disability Percentage			
9	Pension beneficiary			

10	What are you doing currently?			
11	What are you looking for?	Self Employment		
		Job		

12	Employment Reg Num			
13	Aadhar Card Number			
14	Mobile number 1		Mobile number 2	

Signature

Date