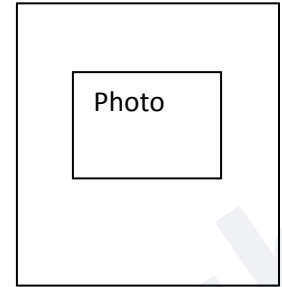




Issue of Skilled Worker Certificate



Name of the Candidate _____

Father Name _____

Date of Birth _____

Age of Candidate _____

Door No _____

District _____

Mandal _____

Village Name _____

Pin Code _____

Email Id _____

Mobile No _____

AAdhar No _____

Qualification _____

Category Weighing Measuring Instruments in which the candidates shall undertaken repair

Details of articles which to repair _____

Enclosures Details:

- 1.
- 2.
- 3.
- 4.
- 5.

Applicant details

Applicant Name _____

Father/Husband Name _____

District _____

Mandal _____

Village _____

Pin Code _____

Email Id _____

Mobile No _____

Relationship _____

Applicant's Signature