



Issue of Skilled Worker Certificate

Name of the Candidate _____

Father Name _____

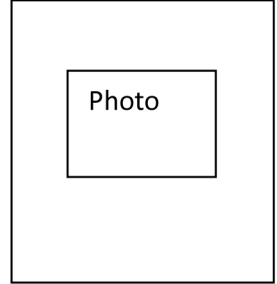
Date of Birth _____

Age of Candidate _____

Door No _____ District _____ Mandal _____

Village Name _____ Pin Code _____ EMail Id _____

Mobile No _____ Adhar 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.

Applicant details

Applicant Name _____ Father/Husband Name _____

District _____ Mandal _____

Village _____ Pin Code _____

Email Id _____ Mobile No _____
Relationship _____

Signature