



KALIACHAK COLLEGE

Sultanganj, Malda
Skill Development Programme

Paste a self -
attested recent
and colour
photograph

Sir,
With due respect, I beg to inform you that I shall be highly obliged if you kindly en-role my name in the Skill Development Training Programme

With thanks

yours faithfully

Full Signature of the Applicant

Bio-Data

1. Full Name in Block Letters :
2. Father's Name :
3. Full Address with pin code :
4. Present Address :
5. Date of Birth :
6. Category : SC/ST/OBC-A/OBC-B/PH (Please Tick)
7. Academic Qualification :

Examination	Board/University	Year of Passing	% of Marks	Division/Class
M.P/Eqv				
HS/Eqv.				
B.A. /B.Sc. /B.Com.				
Any other				

8. Name of the Institution last Attended :

I do hereby declare that the above information furnished by me is correct to the best of my knowledge and belief

Full Signature with date