



Bihar Agricultural Management and Extension Training Institute (BAMETI), Bihar, Patna

Application Form for Bihar Skill Development Mission

Please fill the form in English and CAPITAL letters only.

Please read the important information before filling the details.

All fields marked with '*' are MANDATORY.

SECTION 1: To be filled in by the Skill Development Centre only post batch allocation

(The spaces in section 1 will be non-editable at time of candidate registration)

Center Code*

Candidate Registration Number
as per BSDM portal*

Course Code*

Course Name

Batch Start Date*

Batch End Date*

Please attach
a photograph
of yourself

Section 2: To be filled in by the Candidate / Applicant

First Name*

Middle Name

Last Name /
Surname

Father's Name*

Mother's Name*

Name of the Applicant as it should appear on the Final Certificate. Leave a blank space after each word

Name as it should appear on the Certificate*

To be autopopulated

Date of Birth

 DD MM YY

Gender

Male

Female

Transgender

Marital Status

Married

Unmarried

Mother Tongue

Religion

If Religion chosen as "Other" then the religion
can be specified in this additional text field

Category

SC

ST

EBC

OBC

General

Female

If SC/ST, Caste Name

Note: will be activated only if the Category in the above field is selected as "SC/ST"

Family Income
(Rs. Per month)

Family Income
in Words

Two Visible
Identification Marks

To be mentioned as "None" If no visible marks

Section 3: Address Details

RESIDENTIAL ADDRESS

Country*	State*	District*
Rural / Urban*	Tehsil / Block / Urban Area*	
Address / Street / Building*	City / Village Name	
Post Office*	Pin Code*	Nationality*

Is Permanent Address same as Residential Address :

PERMANENT ADDRESS

Country*	State*	District*
Rural / Urban*	Tehsil / Block / Urban Area*	
Address / Street / Building*	City / Village Name	
Post Office*	Pin Code*	Nationality*

Correspondence Address : (Dropdown with option as "Residential" and "Permanent")

Section 4 : Family Details

Sr. No.	NAME	RELATION	AGE	GENDER	MARITAL STATUS	SOURCE OF INCOME

Section 5 : Contact Details

Mobile No. (Own)*	+91	Mobile No. (Other)*	+91
Tele. No. (STD Code)		Tele. (Residential)	
Email			

Section 6 : Profile & Qualification

Profile of Learner*	<input type="checkbox"/> Student	<input type="checkbox"/> Employed	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self employed	<input type="checkbox"/> Farmer	<input type="checkbox"/> Others
If Others is chosen a text field to specify the profile needs to be provided							

Educational Qualification*

Highest Educational Qual.	If Below Xth		Xth	XIIth		Grad.	P. Grad		Any other Certification
	Stream:	Stream:		Stream:	Trade:				
	Standard:	Year of Passing:	Year of Passing:	Year of Passing:	Year of Passing:	Duration & Year:			
	Year:	Roll / Index No:							
		School Code/Roll Code/School Name: Text Field							
		Degree Name:	Degree Name:	Degree Name:	Degree Name:				
	Institution:	Institution:	Institution:	Institution:	Institution:	Institution:			
	Board:	Board:	Board:	University:	University:	Certifying Body:			
	Grade / %:	Grade / %:	Grade / %:	Grade / %:	Grade / %:	Grade / %:			

Language Proficiency

Language	Reading Skills				Writing Skills				Speaking Skills			
	<input type="checkbox"/>											
	Good	Average	Poor	N/A	Good	Average	Poor	N/A	Good	Average	Poor	N/A
	<input type="checkbox"/>											
	Good	Average	Poor	N/A	Good	Average	Poor	N/A	Good	Average	Poor	N/A
	<input type="checkbox"/>											
	Good	Average	Poor	N/A	Good	Average	Poor	N/A	Good	Average	Poor	N/A
Provision to ADD more than 3 languages												

Short Term Skill Development Training already attended (If any)

Sector	Course Name	Year of Training	Course Duration	Course Prescribed by (SSC/MES/Any other Agency)	Training Funded by (Self/Govt. Department's Name/Organization Name)	Certificate Received (Yes/No)	Certificate Issued by (Certifying Agency Name)

provision to add more training in case of multiple skill development (domain) training undertaken

Work Experience

Employment Status* Wage Employment Self Employment Not Applicable

If Wage Employment Selected above then
the below table needs to be filled

Organization Name	Designation	From Date (DD/MM/YYYY)	To Date (DD/MM/YYYY)	Total Experience in Years
Total Years of Experience				Last Drawn Monthly Salary (In Rupees)

Disability Information (If applicable, provide certificate)

If applicable tick on type and mention %	Not Applicable	Blindness & Low Vision	Hearing Impairment	Cerebral Palsy & Loco Motor Disability	Any Other (Please Specify)

Section 7: Bank and Aadhaar Card Details

Bank Account No.*		
IFSC Code*		
Bank Name*		
Bank Account Holder's Name*		
Aadhaar Card No.		
PAN		

Section 8: Training Preference**Training Location Preference:***

- District Dropdown (Mandatorily to select one)
- Block Dropdown (Default Value "Any") – If a certain District is chosen from the dropdown above then the blocks for that district will only be shown in this dropdown.

Sector & Course Preference:*

Preference 1	Preference 2

Note: For the course dropdown - If a certain Sector is chosen from the dropdown above then the courses for that sector will only be shown in this dropdown.

Section 9: Documentary Proofs

Mention the document type and number. Submit scanned copies of the relevant documents

ID and Other Documentary Proofs (Originals verified by SDCs before enrolment)

Identity Proof (Any one)*	Document Type: <Any suitable document from Annexure 1>	Doc. No.:	<Document uploading>
Address Proof (Any one)*	Document Type: <Any suitable document from Annexure 1>	Doc. No.:	<Document uploading>
Educational Qualification Proof (For Highest educational Qualification)*	Document Type:	Doc. No.:	<Document uploading>
Age Proof (Any one)*	Document Type: <Any suitable document from Annexure 1>	Doc. No.:	<Document uploading>
Aadhaar Card*	Document Type: <Aadhaar Card>	Doc No.:	<Document uploading>
Bank Account proof (Passbook/Cancelled Cheque)*	Document Type:	Doc. No.:	<Document uploading>
PAN Card	Doc No.:		<Document uploading>
Caste Certificate (If applicable)	Document Type:	Doc. No.:	<Document uploading>
BPL Proof (If applicable)	Document Type:	Doc. No.:	<Document uploading>
PWD Certificate (If applicable)	Document Type:	Doc. No.:	<Document uploading>
NREGA Job Card No. (If applicable)	Doc. No.:		<Document uploading>
BOCW Registration document (Card) (If applicable)	Doc. No.:		<Document uploading>
Any other document	Document Type:	Doc. No.:	<Document uploading>

Section 10: Declarations*

- o I hereby declare that I am not currently availing any kind of skill training
- o If selected for 'Domain Skilling' training, I hereby undertake:
 - o To attend and Participate in all the sessions/classes of the aforesaid Training Program diligently
 - o To maintain discipline and follow the instructions of the trainer, while undergoing the said Training Program
 - o To successfully complete the Training Program
- o I understand that I will be deemed Ineligible for assessment and certification unless, I fulfil the above criteria and meet the assessment standards.
- o I hereby declare that all the information and documents provided by me with this application are true to the best of my knowledge. If any information provided by me is found to be incorrect during subsequent verification, the State Government can initiate legal action against me.

Aadhaar Card usage related declaration:

I have submitted my Aadhaar Number and I wilfully agree to the following:

- o Linking of my Aadhaar Number (Provided by UIDAI, Govt. of India) with the Bank Account provided by me in this Application form.
- o My Aadhaar Number to be registered with National Payments Corporation of India (NPCI) so that any benefit under the Govt.'s Direct Benefit Transfer (DBT) scheme can be provided in my Bank Account provided by me in this Application form. I understand that if there are more than one type of benefits pending, I would want to get those benefits in my Bank Account provided by me in this Application form.
- o Usage of UIDAI provided Aadhaar Number to verify my identity
- o Usage of the mobile number provided by me in this application form for any SMS alerts
- o I understand that the information given above regarding my Aadhaar Number will be used for the aforementioned work or legal requirements only and not for any other purpose.

Date of Filling the Form*

Signature of the Candidate

Annexure 1: List of acceptable documents for Identity (ID), Address and Age Proof:

Sl. No.	Acceptable Document	ID Proof	Address Proof	Age Proof
1	Valid Passport Copy	YES	YES	YES
2	Valid Driving License	YES	YES	YES
3	Pan Card	YES	NO	YES
4	Service Identity Card	YES	NO	NO
5	Passbook	YES	YES	NO
6	Property Documents	YES	YES	NO
7	SC/ST/OBC Certificates	YES	NO	NO
8	Arm License	YES	NO	NO
9	Certificate of Physical Handicap	YES	NO	NO
10	Job Card Issued by NREGA	YES	NO	NO
11	Voter ID / Election Card	YES	YES	YES
12	Health Insurance Smart Card	YES	NO	YES
13	Aadhaar Card (UIDAI)	YES	YES	YES
14	Birth Certificate issued by Municipal authorities or district office of the Registrar of Birth & Deaths or Baptism certificate	NO	YES	YES
15	Birth certificate from School (Govt. / Recognized) last attended by the applicant or any other recognized educational institution	NO	YES	YES
16	Birth certificate issued by Panchayat Sevak	NO	YES	YES
17	If a person is class 10 or more pass, he should give a copy of the mark sheet of class 10, if it contains date of birth as proof of date of birth	NO	NO	YES
18	Mark sheet of class 8 th if it contains date of birth	NO	NO	YES
19	Mark sheet of class 5 th if it contains date of birth	NO	NO	YES
20	Ration Card	NO	YES	NO
21	Utility Bill (issue date should not be more than 3 months old from the date of application) like electricity bill, landline telephone bill, mobile (post-paid) bill, piped gas bill, water bill issued by local authority	NO	YES	NO
22	Municipal corporation bill like property tax bill, water tax bill	NO	YES	NO
23	Registered Lease & License Agreement along with utility bill in the name of landlord (Permanent address proof along with valid address proof is mandatory)	NO	YES	NO
24	Domicile certificate with name, Photo (optional) and Communication address issued by District Collector / Deputy Commissioner / District Magistrate / Sub Divisional Magistrate / Circle Officer	NO	YES	NO