

Issue of Skilled Worker Certificate

Name of the Candidate		Photo
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