

# **APPLICATION FORM FOR**

## **Regional and State Leadership Training and Empowerment Program for youth with disabilities (YLTEP-III) 2018**

**Please read the following instructions before filling the application form.**

1. Only students within 17 to 25 years are eligible.
2. Only students with **50% and above** disability can apply.
3. Students those who are continuing their studies only are eligible.
4. **Disability/Resident** Certificates are mandatory.
5. The form is to be filled by the candidate.
6. Include one recent passport size colour photograph.
7. Decision of the selection committee will be final and binding.

**INCOMPLETE FORMS WILL BE REJECTED**

**Please send the completed form to**

SWABHIMAN

A/98, Budhanagar, Bhubaneswar – 751 006

Odisha, India.

Tel.: 0674 – 2313313 / 9238106667/9040767375

**LAST DATES FOR RECEIPT OF APPLICATION**

| SINo. | Month   | Region   | Place of Program | Last date of application receipt |
|-------|---------|----------|------------------|----------------------------------|
| 1     | January | Southern | Koraput          | 10/01/2018                       |
| 2     | May     | Coastal  | Cuttack          | 10/05/2018                       |
| 3     | June    | Western  | Sambalpur        | 10/06/2018                       |
| 4     | July    | Northern | Balasore         | 10/07/2018                       |

## APPLICATION FORM

|     |   |               |                     |                 |
|-----|---|---------------|---------------------|-----------------|
| 1.  | Nature of Disability<br><i>(Attach Disability Certificate)</i>  |               | Disability<br>%     |                 |
| 2.  | Name (In Block Letters)   |               |                     |                 |
| 3.  | Sex   | Male / Female |                     |                 |
| 4.  | Father's Name   |               |                     |                 |
| 5.  | Mother's Name   |               |                     |                 |
| 6.  | Permanent Address<br><br><i>(Attach Resident/Nativity Certificate)</i>                                      | C/O           |                     |                 |
|     |   | At            |                     |                 |
|     |   | PO            |                     |                 |
|     |   | Via           |                     |                 |
|     |   | PS            |                     |                 |
|     |   | Dist          |                     |                 |
|     |   | Pin           |                     |                 |
|     |   | State         |                     |                 |
| 7.  | Mobile No.  |               |                     |                 |
| 8.  | Are you a resident of Odisha?<br>District to which you belong   | Yes / No      | .....               |                 |
| 9.  | Date of Birth (In Christian Era)  |               | /                   |                 |
|     |   |               | /                   |                 |
|     |   |               |                     |                 |
| 10. | Particulars of examinations passed<br><br><i>(Attach photocopy of all the mark sheets and certificates)</i> | Class         | HSE/ CHSE/Degree/UU | Year of Passing |
|     |   | 10th          |                     |                 |
|     |   |               |                     |                 |
|     |   | +2            |                     |                 |
|     |   |               |                     |                 |
|     |   | +3            |                     |                 |
|     |   |               |                     |                 |
|     |   |               |                     |                 |
|     |   |               |                     |                 |

|     |   |   |
|-----|---|---|
| 11. | Extra Curricular Activities (if any)<br><br><i>(Attach photocopy of all the certificates)</i>   |   |
| 12. | Present Academic Details<br><br>(i) Class/Year<br><br>(ii) Date of admission to the course<br><br>(iii) Approximate date of termination of the course<br><br>(iv) Name of College | .....<br>.....<br>.....   |
| 13. | Documents Attached  | (i) Disability Certificate<br>(ii) Resident Certificate<br>(iii) Matric ,Plus two and Plus three certificate<br>(iv) Student ID card issued by Institution<br>(v) Aadhar Card |

I ..... Hereby declare that

- i. I will abide by the rules and regulations of the training.
- ii. I will accept the decision of the selection committee which will be final and binding to the Regional and State level Training.
- iii. The statements made in this application are true to the best of my knowledge.

**L.T.I / Signature of Candidate**

Place:

Date:

Mobile No.