

ಅನುಬಂಧ -1 / ANNEXURE -1

ರಾಜೀವ್‌ಗಾಂಧಿ ಚೈತನ್ಯ ಯೋಜನೆ (ಆರ್‌ಜಿಸಿವೈ)  
**RAJIV GANDHI CHAITANYA YOJANA (RGCY)**

ಕೌಶಲ್ಯಾಧಾರಿತ ತರಬೇತಿ ಮತ್ತು ಉದ್ಯೋಗ ಕಲ್ಪಿಸುವ ನಮೂನೆ/  
**Format for Skill Training & Placement**

ವಿಭಾಗೀಯ ತರಬೇತಿ ತಜ್ಞರ ಪ್ರೊಫೈಲ್ **Trainers Profile**

ಗಾಂಧಿ ಯೋಜನೆ	ಸಂಜೀವಿನಿ ಯೋಜನೆ	ಆರೋಪಿಸುವ ಸಂಸ್ಥೆಯ ಲೋಗೋ
State Logo	SANJEEVINI logo	Project Implementing Agency (PIA) logo

ಆರೋಪಿಸುವ ಸಂಸ್ಥೆಯ ಹೆಸರು		
Name of PIA		
ಜಿಲ್ಲೆ		
District		
ತಾಲ್ಲೂಕು		
Taluk		
ತರಬೇತಿ ಕೇಂದ್ರದ ಹೆಸರು		
Name of Training Centre		
ತರಬೇತಿ ಕೇಂದ್ರದ ವಿಳಾಸ		
Address of Training Centre		
ಬಾಚ್ ನಂಬರ್		
Batch Number		
ವೃತ್ತ		
Trade		
ರಜಿಸ್ಟ್ರೇಷನ್ ದಿನಾಂಕ		
Date of Registration		
ತರಬೇತಿ ಅವಧಿ		
Training duration		
ತರಬೇತಿ ಸೂಚನೆ	ಆರಂಭ	ಅಂತ್ಯ
Training Schedule	From	To

## C'iyōAīā «<sup>a</sup>gā Trainee Profile

C'iyōAīā °E, gā Name of the Candidate		.. <sup>a</sup> lavīe Photograph
<sup>a</sup> EAIŌPA UAgAwEA , ASī Individual Identity Number		
vAZVUAqEA °E, gā Father/ Husband's Name		
vA- <sup>a</sup> Aīā °E, gā Mother's Name		
¥EApīgā °E, gā (vAZ/vA-A AīEAB C <sup>a</sup> IA© <sup>1</sup> gKzī°)		
Guardian name (If the candidate is not dependent on parents)		
« <sup>1</sup> 4A, A Address		
UAgā Grama		
UAgā ¥AZAīAw Grama Panchayat		
vA®EPA Taluk		
f <sup>-</sup> ī District		
, A¥PīD « <sup>a</sup> gā Contact details	<sup>a</sup> E <sup>-</sup> E <sup>-</sup> ī Mob:	E- <sup>a</sup> AA <sup>-</sup> ī Lr Email Id:
¥AīAōAīA , A¥PīD « <sup>a</sup> gā Alternative Contact details	¥EAEī Ph:	<sup>a</sup> E <sup>-</sup> E <sup>-</sup> ī Mobile
°AnZī CEAAPA Date of Birth	<sup>a</sup> AīA, Aī Age	±EPAt PA « <sup>a</sup> ZAī° DVī Education Qualification

Religion							
Gender			Category				Yearly Income Rs.
			SC	ST	Minority	PWD	
Male	Female	Transgender					

**ದೃಢೀಕರಣ**

..... vAzÉ / UAqÀ / a AUkÀ .....  
 DZÀ EÁEÁ, CFÖAiÀ° è EP ÁEÇ 1gÀª « a gUkÀ EIEUE w½ÇgÀª ÁVÉ a ÁVÁU EIA©gÀª ÁVÉ  
 Mª ÁZÀ F a ÁE®PÀ zÁrÁPj ÁVÁEÉ

**Declaration:** I, \_\_\_\_\_ S/o / W/o / D/o \_\_\_\_\_ hereby  
 declare that the information provided above is true to the best of my knowledge & belief.

ನಾನು ಈ ಕೆಳಕಂಡಂತೆ ದೃಢೀಕರಿಸುತ್ತೇನೆ.

**I hereby undertake:**

1) vġÀ Áw PÁAiÀÖPÁZÀ J-Áe Cª ÁUkÀª è ±ÁE-ÁZÀ ÁUª ÁVÁEÉ

a. To attend and participate in all the sessions/classes of the aforesaid Training Program  
 diligently;

©) vġÀ Áw Cª ÁAiÀ° è vġÀ ÁVÁZÁgġª ±ZÖ±EUMÁB 2 ÁS ZÁEÁV ¥Á° ÁVÁEÉ

b. To maintain discipline and follow the instructions of the Trainer, while undergoing the  
 said Training Program;

1) F »AzÉ PÁÖgPÁ DAIÉÁF¹zÁ AiÁª ÁZÁ GzÉÁUA PPªªª vġÀ Áw  
 PÁAiÀÖPÁZÀª è ÁUªª 1gªª ÁE° ÁUKE GzÉÁUªª AB ¥bÇgªª ÁE°

c) I have not undergone any other placement linked training programme conducted by  
 Government and place in a job.

r) vgl. ÁwAíÁEÁB ÁíÁ±ÁíÁÁV ¥E tÖUÉ½, ÁÁ, ¥j ÁPÜÉ CUMÁgÁí a ÁE®j ÁÁ¥PÉ  
áUC¥r, ÁÁ a ÁÁEÁZÁqUÁEÁB PÁ-Áj 1PÉ¼Á®Á SZÁVgÁVÁEÉ vÁ; zP è ÉÁEÁ,  
a ÁE®j ÁÁ¥EÁ °ÁUKE zÁrÁPÁtPÉ CÉP ÁEÁUÁVÁEÉ

d) To successfully complete the Training Program; and

I understand that I will be deemed ineligible for assessment and certification unless, I fulfil the above criteria and meet the assessment standards.

CEÁAPÁ Date :

ÁÁ Place :

CíyÁíÁ Á

Signature of the Candidate

F PÁPÁqÁ zÁR-ÁwUÁEÁB ®UWÜ, Á ÁVZÉ : The following documents are attached :

- CíyÁíÁ a ÁEgÁ ÁÁÁvÁe 3 photos
- UÁgÁwEÁ SUE zÁR-Áw (a ÁVZÁEÁ UÁgÁwEÁ aÁn/¥Á vgl aÁn CxP Á EÁVÁ) -  
Document as proof of ID (Voter ID/Ration Card/ or any other)
- a ÁíÁ, Áí a ÁVÁÜ ±ÉPÁtPÁ « zÁrÁ ÁVÁíÁ ¥ÁÁt ¥ÁEÁ Document as age, education proof

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