ENTREPRENEUR SELECTION
TRAINING & SUPPORT
for Persons with Disability
13th FEB 2021 ONWARDS

Supported by
UN Information Centre for India and Bhutan

Supported by
World Health Organization
Regional Office for South-East Asia

Organized by
trust Cradle
The Centre for Rehabilitation and Advancement of Disables
GRANTS & CHARITY NETWORK

REGISTRATION FORM
(PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY)

Please contact us if you have any questions related to CSC or if you need technical support in applying and training. You may call, e-mail or fill out the contact form and let us know your needs. Our Team will contact you as soon as possible. Please fill all the fields with below form share with us for further action.

Personal Information

Name:

DOB   Gender:

Phone: Alternate No:

Address:

City: State:

Pincode:

E-Mail Id:

Educational Information

Highest Qualification:

Training/Certificate Course (*If Any*):

Disability Type:

trustcradle.org

Disability Certificate No.:

Personal Identification Details:

Aadhaar Card No.:

Pan Card No:

Proficiency:

Language Known:

Do you have Laptop/PC?   ☐ Yes   ☐ No

Computer Skill: ☐ Basic   ☐ Intermediate   ☐ Advance

Previous Work:

Experience (If Any):

Tell Us About Yourself (In 50-100 Words):

Date:

(*Signature*)

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