



Government of Goa

Directorate of Tribal Welfare

5th Floor, Shram Shakti Bhavan, Patto, Panaji-Goa

Phone: (0832) 2438024

Fax: 2438052

Website: tribalwelfare.goa.gov.in

Email: dir-tw.goa@nic.in

Motor Driving Training Courses <input type="checkbox"/>	Mobile Repairing Course <input type="checkbox"/>	Cookery & Bakery Courses <input type="checkbox"/>	PHOTO
Beautician Course <input type="checkbox"/>	Tailoring Course <input type="checkbox"/>	Computer Courses <input type="checkbox"/>	

Application for Short Term Professional Training Courses Scheme

(Application form shall be submitted to Goa State Scheduled Tribes Finance & Development Corporation Ltd., 2nd floor, Dayanand Smriti Building, Swami Vivekanand Road, Panaji-Goa. Phone: 2426268 Fax: 2420215)

- Name: _____
- Full Address: _____
- Mobile No.: _____
- Age & Date of Birth: _____
- Present Occupation: _____
- Father's Name: _____
- Father's Occupation: _____
- Educational Qualification: _____
- Total family income: _____
- Name of the Course applying: _____
- Name, Address & Phone No. of the Institute: _____
- Course Fee: _____
- Experience of any other acquired skilled training: _____
- The purpose of the training course whether for getting employment or for own business: _____
- If for business nature of Business: _____
- Aadhar Card Number: _____
- Details of bank account of beneficiary: _____

Name of Bank: _____ Bank Branch: _____

Bank Account Number: _____

MICR Code of Bank: _____ IFSC Code of Bank: _____

Place: _____

Date: _____

Signature of Applicant.

• **Enclosures: (all documents shall be attested/self attested in duplicate))**

1. Scheduled Tribe Certificate issued by competent authority of Goa State.
2. Age proof (birth certificate) or any other document proving the age of the applicant.
3. Certificates of Educational Qualification, if any.
4. Learning licence in case of Motor Driving Course.
5. Aadhar Card Copy.
6. One Passport size photo.
7. Quotation/fees receipt in original/fee structure of the registered Institute/equivalent documents for giving the details of the fees of the training course along with the registration certificate of the institute /permission /NOC of competent authority to the institute.
8. Declaration of the applicant duly signed by Gazetted Officer.
9. Mandate Form/Copy of Passbook/cancelled cheque

DECLARATION

I, the undersigned Shri _____
S/o _____ R/o _____
_____ age _____

do hereby solemnly affirm and state that I am not employed in any Government Department/Corporation/Autonomous Body funded by Government on permanent basis.

I further state that I did not acquire skill of _____ in past or do not possess any certificate of the training course of _____

Whatever stated above is true to the best of my knowledge and belief.

Date : _____

Place: _____

Signature of applicant

Before me

Name of Gazetted Officer: _____

Designation: _____

Address of Office: _____

Contact No: _____

Signature with date: _____

Seal: