



Registration Form

(To be filled in Capital Letters Only)

Training Title: -UIDAI Certification for Operator/Supervisor/Child Enrolment lite Client

Full Name: - _____

Gender: - Male Female

Date of Birth: - ____/____/____

Aadhaar No.: -

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Mobile No.: -

Educational Status: - (Please tick on Appropriate Option)

High School

Higher Secondary

Graduate

Post Graduate

Designation: - (Please tick on your appropriate designation)

Aanganwadi Worker

Supervisor

Others _____

Address: - _____

_____ District: - _____

E-Mail : _____

Language Preference: - Hindi English Urdu

Date: - ____/____/____

Sign.: - _____

Paste Your Latest Passport Size Photo Here
Signature of the candidate in the blow box