

Application Form for “ District Coordinator (DC)”

1. What's Your Job : (✓ Tick Whichever Is Applicable)

SHOP SOCIETY FIRM COMPANY OTHER

2. How Long Have You Been Doing :

SHOP/SOCIETY/FIRM/COMPANY - Name.

3.NAME OF DISTRICT COORDINATOR :

.....

4.NAME OF FATHERS :

.....

5.MAILING ADDRESS FOR OFFICIAL RECORDS:

.....

6.CONTACT DETAILS:

PHONE:..... MOBILE:.....

E-MAIL:..... WEBSITE:.....

8.DESIGNATION:..... **MOBILE:**.....

9.MAILING ADDRESS:.....

.....

CITY.....DISTRICT

STATEPINCODE.....

E- MAIL:..... WEB LINK

SATPUDA GRAMIN SAHARI VIKAS AND SWAROJGAR PRASHIKSHAN SANSTHAN

15. ARE YOU ASSOCIATED WITH ANY UNIVERSITY/INSTITUTE FOR DISTANCE OF REGULAR EDUCATION? IF SO, GIVE DETAILS

NO.	NAME OF THE UNIVERSITY/INSTITUTE	ASSOCIATED SINCE	MODE (REGULAR/DISTANCE)	PROGRAMMES BEING OFFERED
1				
2				
3				
4				

16. DOCUMENTS ATTACHED WITH THE APPLICATION FORM:

IDENTITY PROOF

RESIDENTIAL PROOF

COPY OF PAN CARD

COPY OF DOCUMENT OF TRUST/SOCIETY/FIRM/COMPANY

TWO RECENT PASPPORT SIZE PHOTOGRAPHS

DOCUMENTS OF QUALIFICATION

ANY OTHER
