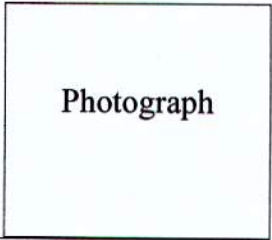


Application Form for Trainer

Annexure-I



Name of the Trainer		:			
Date of Birth	:	(DD/MM/YY)	Age	:	Years
Permanent Address:					
District	:		State	:	
Telephone No.	:		Mobile No.	:	
Profession	:		Qualification	:	
Email ID	:				
Bank A/c. No.	:		Account No.	:	
Branch with Code	:		IFS Code	:	
Have you performed Haj			:	YES	NO
If YES, in which year			:		
Whether attended Training Programme Earlier			:	YES	NO
If YES, in which year			:		

Languages known		Read	Write	Speak
1.				
2.				
3.				

No. of Training Camp(s) organized	Year(s) in which the Training Camp held	Year-wise number of pilgrims trained	Place(s) of Training

Preferred Districts for conducting Training	:	1		2	
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Place: _____
Date: _____

(Signature of the Trainer)