

## Form 'C'

### Particulars of trainees

Sl. No.	Name & address	Educational / technical qualification	Category ( SC/ ST/ OBC/ Minorities/ General)	Annual income	Male/ Female (M/F)	NHFDC beneficiary or not Y/N	Disability category OH/Sp. & HH/ VH/MR	% of Disability	Age	Present occupation (if any)	Remarks

Note : Please attach attested copy of disability certificate of each trainee.