

## Pradhan Mantri Kaushal Vikas Yojana

## **Hi-Tech Institute of Information Technology**

**Disability Student Form** 

Aadhar No														
First Name														
Middle Name														
Last Name														
Gender	Male				Female				Other					
Marital Status	Single				e			Married						
Date of Birth														
Alternate Contact No.	+	9	1	_										
Alternate Email Address														
Guardian Type	S/O				D/O				W/O				C/O	
First Name of Guardian														
Last Name of Guardian														
Mother Name														
Cast Category	Gen				OBC		SC		ST		PH			
Religion	Hindu Mu		Mu	slim	Christian		Si	ikh Buddhist		Jews		Ot	her	
BPL/Non BPL														
Candidate Address														
State														
District														
PIN Code														
Highest Education Level	5 t	o 8	9 to	10	11 to 12		UG	GR	PG	Un	I.T.I	P.C	Dipl	oma
Bank Name														
Branch Address														
IFSC Code														
Bank Account No.														