

GOVERNMENT OF MEGHALAYA
DIRECTORATE OF EMPLOYMENT & CRAFTSMEN TRAINING
DEPARTMENT OF LABOUR
MEGHALAYA::SHILLONG

Registration Form for State Skill Competition

Name: _____

District: _____

Gender: _____ Date of Birth: _____

Email ID: _____

Contact No: _____

Current Address: _____

Permanent Address as per Aadhar Card or Govt. approved ID: _____

Education Qualification: _____

Are you a PMKVY Candidate: _____

Are you from an ITI or Vocational Training Institute: _____

Are you currently working: _____

Skill: _____