Annexure - A

Details of candidates trained under Skill Training of Rural Youth (STRY)

Name of the Training Institute: (KVK/NYK/FTC/VTC/Others)		Address of the Training Institute:	
Office Phone No with STD code:		E-mail ID:	
Name of the Programme Coordinator:		Designation:	
Mobile No:			
Sector: (Agriculture / Horticulture / Animal Husbandry / Dairy / Fisheries / Others)		Skilling area:	
Period of the training:	From_____ To _____	No of participants:	

Sl. No	Registration ID no.	Name of the Candidate	Aadhar No.	Occupation	Gender	Date of Birth	Age	Qualification	Category (SC/ST/OBC/Gen)	Postal Address of the candidate	District	State	Mobile no