



Shiv Shakti Sewa Samiti(Regd.)

Photograph

Women Sewing Learning Form

Name of Centre		Centre Address	
Date of Admission	DD / MM / YYYY	Student's Code Number	Alloted By Office
Name of Student		Date of Birth/Age	
Father/Husband's Name		Education	
Father/Husband's Education		Mother's Education	
Name of School			
Father/Husband's Profession		Contact Number	
Number of Members in Family		Number of Working Hand	
Votar Card /Aadhar Card Number		Approx.Family's Annual Income	
Present Address			
Signature of Student	Signature of Centre Head	Signature of SSSS Technical Head	