



SKILL DEVELOPMENT PROGRAMME



GOVERNMENT OF JAMMU AND KASHMIR
DIRECTORATE OF FLORICULTURE, PARKS & GARDENS, JAMMU
 24 C/ C GANDHI NAGAR, JAMMU. Tel.2435121, Fax. 0191-2458892.
 e-mail floriculturejammu@gmail.com

APPLICATION FORM

Landscaper/Garden worker

06 Months

Photograph
 Attested by
 Gazetted
 Officer

1. Name: _____

2. D. O.B.: _____ Age: _____

3. Father's Name: _____ Mother's Name _____

4. Permanent Address: _____

_____ District _____ Pincode: _____

5. Correspondence Address: _____

_____ District _____ Pincode: _____

6. Mobile No.: _____ Landline: _____

7. Education Qualification: *(To be supported by attested copies of certificates)*

Examination Passed	School/Board	Marks Obtained	%age/ Grade	Year of Passing

8. **Enclosures:** (attested copies of)

1. State Subject (PRC)
2. D.O. B. Certificate
3. Qualification Certificate

Certified that the above details are true and that if found incorrect my admission be cancelled.

Dated: _____

Signature _____

Note:- Last date of receipt of application form 30th June 2018 upto 2:00pm