

# Minutes of Selection Committee Meeting for Skill Development Training Programme - NBCFDC

Venue:

Date of Meeting: \_\_\_\_\_

Name of Job Role(s):

Name of the TP:

Name of the SSC:

Address of the Proposed Training Centre: \_\_\_\_\_

Details of the Selection Committee Members:

S.No.	Name	Designation	Name of Organization	Contact No.
1			Name of Training Institute/SSC:	
2			Name of SCA:	
3			Name of RRB/Nationalized bank:	
4			Officer of District Social Welfare Dept:	
5			Representative of Govt./ collector office :	
6			Representative of Concerned industry:	
7			Representative of NBCFDC :	

***\*Atleast 3 members from S.No 1 to 7 should be present in the meeting of selection committee***

The Selection Committee during its above meeting interacted with each candidate and also verified their documents viz., (1) Caste Certificate, (2) Income Certificate, (3) Copy of Aadhaar, (4) Bank details (5) copy of Educational Qualification and eligibility in terms of age as per SDTP scheme of NBCFDC. After careful assessment of each candidate, the Selection Committee selected ..... (no. of candidates) candidates and ..... (no. of candidates) are waitlisted subject to submission of revised documents for said Skill Development Training Programme:-

Details of candidates selected:

Total no. of OBC	Total no. of EBC	Total no. of DNTs	Total no. of Sr. Citizens	Total candidates selected

**Signatures of each member of the selection committee with name to be taken on each page.**

Name:	Name:	Name:	Name:	Name:
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**“LIST OF FINALLY SELECTED CANDIDATES”**

<b>S. No</b>	<b>Name of Candidate</b>	<b>Male/Female</b>	<b>Father/Husband name</b>	<b>Age</b>	<b>OBC/DNT/EBC</b>	<b>Caste under OBC/DNT Category</b>	<b>Adhaar no</b>	<b>Mobile No.</b>	<b>Documents mentioned on pg 1 verified (Y/N)</b>

Signature of the Members of the Selection Committee:

Name:	Name:	Name:	Name:	Name:
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**"LIST OF WAITLISTED CANDIDATES WITH OBSERVATIONS/REMARKS"**

S. No	Name of Candidate	Male/Female	Father/Husband name	Age	OBC/DNT/ EBC	Caste under OBC/DNT Category	Adhaar no	Mobile No.	Remarks

Signature of the Members of the Selection Committee:

Name:	Name:	Name:	Name:	Name:
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