



GOVERNMENT OF TRIPURA
DIRECTORATE OF TRIBAL WELFARE

To
The Director,
Directorate of Information Technology,
Govt. of Tripura

Subject: Regarding Application Submission Portal for Skill Training programs.

Sir,

In reference to the subject cited above, this is to inform you that Directorate of Tribal Welfare will sponsor interested eligible ST candidates for Japan Specified Skilled Worker (SSW) Programme in coordination with the Directorate of Skill Development. In order to ensure smooth submission of application by the candidates under the said programme, development of an online application portal is urgently required.

In view of the above, you are requested to take necessary action for developing the aforesaid portal with the required details (as enclosed in **Annexure – I**).

This may kindly be treated as most urgent.

Yours faithfully,

Enclo: As stated.

(Subhasis Das, TCS, SSG)
Director of Tribal Welfare

Copy to:

1. The PS to the Secretary, Tribal Welfare Department, Govt. of Tripura for kind information of the Secretary.
2. The PS to the Secretary, Information Technology Department, Govt. of Tripura for kind information of the Secretary.

ANNEXURE -I

Application Form for Japan Specified Skilled Worker Program*(content for IT Developer)*

1. Name: _____
2. Date of Birth (D.O.B): *DD/MM/YYYY (calendar format)*
3. Age: *(age limit dropdown from 20-27yrs)*
4. Upload Madhyamik Admit Card as age proof: *(upload document)*
5. Father's Name: _____
6. Mother's Name: _____
7. Present Address: _____
8. Contact Number: _____
9. Guardian's Contact No: _____
10. Select District: *(select from dropdown list)*
11. Educational qualification: *(select from dropdown – 1. postgraduate, 2. undergraduate, 3. higher secondary)*
12. Year of passing last educational qualification: _____
13. Percentage/CGPA of last degree passed: _____
14. Upload Final Marksheet of last degree passed: *(both side of the marksheet to be uploaded in the same pdf)*
15. Upload ID proof: *(can upload Aadhar, EPIC or PAN Card)*
16. Upload Domicile proof: *(upload PRTC)*
17. Upload Caste certificate, issued by competent authority:
18. Upload Income certificate, issued by competent authority:
19. Upload Passport Size Photo:
20. Do you have any past job experience? : *(Yes/No)*
21. If yes, mention the job organization and duration of the experience: _____
22. Marital status: *(Unmarried/Married)*
23. Are you registered with the State Nurses' Register of the Tripura Nursing Council?
(Yes/No)
24. Upload the State Nurses' Registration Certificate: _____

☒ I do hereby solemnly affirm and declare that the particulars and information furnished above are true, correct, and complete to the best of my knowledge and if selected, I shall complete the 9-month residential training program at NSDC International Academy, Delhi NCR.

(Upload Signature)