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Write your Personal info:

Please fill up the form in English capital letters.

Name of Applicant

First name _____
Last name _____

Basic Info

Date of Birth ____ / ____ / ____ Age _____
Education _____ Occupation _____

Residential Address

Address _____
City/Town _____ Pincode _____
State _____ Country _____

Contact Details

Mobile no. _____ Alternate no. _____
Email ID _____

Identity Details

Voter ID _____ Aadhar no. _____
BBMP Ward Number _____

References

Recommendation from B.CLIP leader Name _____
Recommendation from anyone from your assembly constituency Name _____

Write your Personal info:

Please fill up the form in English.

Have you ever worked in ward improvement, social service, political work, NGO, women and child safety aspect? If yes, give a brief detail (less than 100 words)

What are your thoughts on women's safety in public places in your ward? How do you think we can overcome that issue?

Please mention any other additional /relevant information that you think will strengthen your application for the program.