## STANDARD FORM OF SOP



## SF 6.1C: On field registration of candidates

Name of Candidates	
Village/GP/Block	
Date of mobilization	
Date of Birth	
Age	
Gender	
Category*(SC/ST/OBC)	
Category*(PWD)	
Minority* (Yes/No)	
Highest Education	
Referring Stakeholder	
Address	
Contact details	
Remarks	
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## **Candidate Signature**

<sup>\*</sup> Certificate required