



**CSIR - CENTRAL ELECTROCHEMICAL RESEARCH INSTITUTE
KARAIKUDI, TAMIL NADU, INDIA - 630003**



SKILL DEVELOPMENT TRAINING PROGRAM

TRAINEE ENROLLMENT FORM

Select your qualified certificate course Serial Numbers and write in the appropriate column.

S.No.	Title of the Skill Development Program	Duration	Time	Venue
			10:00 AM - 04:00 PM	CSIR - CECRI, Karaiikudi

1. Full Name of Applicant / Trainee :

2. Father / Husband's Name :

3. Date of Birth (DD/MM/YYYY) :

4. Gender : Male / Female / Others

5. Category (Please attach copy) :
(GEN/OBC/BC/MBC/DNC/SC/ST/EWS)

6. Physically Disabled : Yes / No

7. Current Status:

Working	Entrepreneur	Student	Unemployed	School Dropout

8. Educational Qualifications:

Examination	School / College / Institute	Subjects	% of Marks	Year of Passing
10 th Std				
12 th Std				
ITI / Diploma				
B. Sc / B.Tech				
M. Sc / M. Tech				
Ph.D.				

9. Photo ID Number (Please attach copy):
(Aadhaar / PAN/ Voter ID / Passport)

10. Mobile Number:

10.1. Alternate Mobile Number:

11. Email Address:

Affix your
recent
passport
size
photograph

12. Postal address:

12.1. Pin-code:

12.2. District:

12.3. State:

13. Trainee's Domicile: Rural / Urban

14. Experience:

Employer	Date of Joining	Date of Leaving	Post Held

15. Payment Details: **(Training Fee INR 500/-)**

15.1 Mode of Payment: Wire (e-) transfer / NEFT

15.2 Name of the Bank _____ Date: _____

15.3 Transaction ID / UTR No: _____

15.4 Amount **Rs. 500** _____.

16. Whether accommodation need?: Yes / No

17. List of documents to be enclosed (copies only):

X th Std Mark statement	
Highest qualification Marksheet	
Community Certificate	
Proof of Photo ID	
Payment Proof	
Any other Copy	

Signature of the Applicant

Signature of CSIR-CECRI Skill Coordinator / Nodal

Date:

Date: