



**CSIR - CENTRAL ELECTROCHEMICAL RESEARCH INSTITUTE
KARAIKUDI - 630003**



INDUSTRY ORIENTED TECHNOLOGY / REFRESHER COURSES

TRAINEE ENROLLMENT FORM

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

Course Code	Title of the course	Duration	Time	Venue
			10:00 AM - 04:00 PM	CSIR - CECRI, Karaiikudi

- 1.Name of the Applicant / Trainee :
2.Father / Husband's Name :
3.Date of Birth(DD/MM/YYYY) :
4. Gender : Male / Female / Others
5. Whether Physically Disabled : Yes / No

Affix your
recent
passport
size
photograph

6. Highest Educational Qualifications :

7. Photo ID Number (Please attach copy) :
(Aadhar / PAN/ Voter ID / Passport)

8. Mobile Number : 8.1. Alternate Mobile Number:

9. Email Address :

10.Postal address (either Official or Personal):

10.1.Pin-code:

10.2.District:

10.3.State:

11. Trainee's Domicile: Rural / Urban

12. Experience:

Employer	Date of Joining	Date of Leaving	Post Held

13. Whether accommodation need: Yes / No

14. Name of Sponsoring Agency & its Address:

15. Payment Details:

15.1 Mode of Payment: Demand Draft Wire (e-) transfer

15.2 Name of the Bank _____ Date: _____

15.3 DD No: _____ (or)

e-transfer ID / UTR No: _____

15.4 Amount Rs. _____

Place: _____

Signature of the Applicant

Date: _____

CERTIFICATE OF SPONSORING AUTHORITY
(if the candidate(s) sponsored by industry / organization)

Certified that Sri/Ms/Dr. _____ is employed as _____
_____ in our company / Institute since _____.

Place:

(Signature of the sponsoring authority)

Date:

Designation:

Address:

Seal:

FOR OFFICE USE ONLY

WHETEHR ENROLLED:

(YES / NO)

Signature of Skill Nodal Coordinator