



**CSIR - CENTRAL ELECTROCHEMICAL RESEARCH INSTITUTE
KARAIKUDI, TAMILNADU, 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, Karaikudi

1.Full Name of Applicant / Trainee :

2.Father / Husband'sName :

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
10th Std				
12th Std				
ITI / Diploma				
B. Sc / B.Tech				
M. Sc / M. Tech				
Ph.D.				

9. Photo ID Number (Please attach copy):
(Aadhar / 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. Fee Payment details (if applicable):

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 (if applicable)	
Any other Copy	

Signature of the Applicant

Signature of CECRI Coordinator / Nodal

Date:

Date: