



**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, Karaikudi

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:

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**FOR OFFICE USE ONLY**

WHETEHR ENROLLED:

(YES / NO)

Signature of Skill Nodal Coordinator (CSIR-CECRI)