



**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
			<b>10:00 AM - 04:00 PM</b>	<b>CSIR - CECRI, Karaijadi</b>

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
10 <sup>th</sup> Std				
12 <sup>th</sup> 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 <sup>th</sup> 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 CSIR-CECRI Coordinator / Nodal

Date:

Date: