



TAMIL NADU SKILL DEVELOPMENT CORPORATION

SHORT TERM SKILL TRAINING PROGRAM



REGISTRATION FORM

Course Name/பயிற்சியின் பெயர்*	
Name/பெயர்* (Initials Followed By Name)	
Gender/பாலினம்*	Male Female Transgender
Father's Name/தந்தை பெயர்*	
Mother's Name/தாயார் பெயர்*	
Date of Birth/பிறந்த தேதி*	Age/வயது:
Are you differently abled?/ நீங்கள் மாற்றுத்திறனாளியா?*	Yes No
Religion/மதம்*	
Community/சாதி*	OC / BC / BCM / MBC / DNC / SCA / SC / ST / OTHERS
Address/முகவரி * with PIN Code	
Taluk/வட்டம் *	
District/மாவட்டம்*	
Aadhar card No/ஆதார் அட்டை எண்*	
Family card No/குடும்ப அட்டை எண்	
Email Id/மின்னஞ்சல் முகவரி	
Mobile Number/தொலைபேசி எண்*	
Edu. Qualification/கல்வித் தகுதி*	
Trade/Subject/Group/பாடநெறி பெயர்	
Year of Completion/நிறைவு ஆண்டு*	
Institute Name & Place/ நிறுவனத்தின் பெயர் & முகவரி*	
Percentage/சதவீதம்	
Work Experience/வேலை அனுபவம்	
Name of the Training Partner / Training Facilitator	SRI VIDYA COLLEGE OF ENGINEERING AND TECHNOLOGY, VIRUDHUNAGAR.
Address	Sivakasi Main Road, P.Kumaralingapuram, Virudhunagar-Tamil Nadu - 626005

Declaration by the Candidate:

I declare that all the above details are true to the best of my knowledge. I intend to attend the scheduled training classes and would participate in all the events conducted as a part of the training program without fail. In circumstances of violating the terms and conditions, I would repay the training cost to TNSDC.

Place:

Date:

Signature of the Candidate

For office use:

Verified and Endorsed

Program Coordinator

Institution / Center Address (Seal)