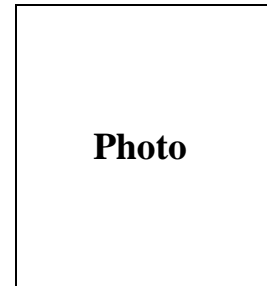


Application for CSIR-IIP Skill Development Training Program

1. Name of the Candidate: _____
2. Father's / Guardian's Name: _____
3. Category: SC / ST / OBC / General : _____
4. Date of Birth: _____
5. ID Proof (Aadhar card/Voter ID) : _____
6. Permanent Address: _____



7. Communication Address: _____

8. Educational Qualification: _____
9. Computer knowledge : _____
10. Any other (Employment history/ relevant training acquired): _____
11. Phone No(s) : _____
E – Mail : _____
12. Course Name applied for: _____

I _____ hereby declare that statements made in the application are true, complete and correct to the best of my knowledge and belief, and in the event if any of the information is found false or incorrect or any ineligibility, my candidature is liable to be cancelled and action may be initiated against me.

(Candidate's Signature)

Enclosures: Certificates in support of the above-mentioned information/claims.