

**APPLICATION FOR THE POST OF SKILL DEVELOPMENT CENTER TRAINER**

Name of Post : **Trainer**

Centre of Interview:

1. Name of candidate:
2. Date of birth: Age as on 01/01/2024:
3. Permanent Address:
  
4. Present Address
  
4. Phone No. and E-mail ID:
5. Religion: Caste / Community:
6. Marital Status:
7. Educational Qualification

Qualification	University/ Board	Year of passing	Marks scored	Maximum marks	% of marks	Class/Division

8. Computer awareness:

9. Industrial Experience:

10. Whether completed ToT :

- a. If yes, Jobrole :
- b. Certificate No. :
- c. Year of passing :

11. Details of Training Programme attended:

Sl.No.	Name of Training Programme	Agency conducted the Training	Venue	Date

Place:

Date:

Name & Signature of Candidate

**Space for Office Use**