CSIR Integrated Skill Initiative

CSIR- National Botanical Research Institute Rana Pratap Marg, Lucknow-226001

**REGISTRATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Title of the Course |  | | Affix passport size photograph here |
| Name of applicant |  | |
| Father’s/ Husband’s Name |  | |
| Mother’s Name |  | |
| Date of Birth |  | |
| Place of birth |  | | **Fee payment details**  Mode UTR.  Bank Name Date  Amount: |
| Marital Status |  | |
| Category  (SC/ST/OBC/EWS/General) |  | Aadhar/PAN/Voter ID/Passport. |  |
| Religion |  | Gender (M/F/other) |  |
| Permanent Address (Including PIN code) | | Corresponding address (Including PIN code) | |
| Mobile No. | | Email ID | |

**Educational Qualification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Exam. Passed | Board/University | Year | Div/% | Subject |
|  |  |  |  |  |
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**Declaration:**

I hereby declare that all the information given above is true to the best of my knowledge and belief.

Date: Signature of the candidate:

For Office Use

Applic. No. ..................... Date.......................... Batch details...............................Fee Details..........................................

CSIR- INTEGRATED SKILL INITIATIVE (PHASE-II)

TRAINEE ENROLLMENT FORM (2020-25)

|  |  |
| --- | --- |
| **NAME OF CSIR LABORATORY AND LOCATION** | |
|  | |
|  | |
| **TITLE OF SKILL DEVELOPMENT PROGRAM** |  |
|  | |
| **DATE(S), TIME AND VENUE** |  |
|  | |
| **FULL NAME OF TRAINEE** |  |
|  | |
| **FATHER'S / HUSBAND'S NAME** |  |
|  | |
| **DATE OF BIRTH (DD/MM/YYYY)** |  |
|  | |
| **GENDER (MALE / FEMALE / OTHERS)** |  |
|  | |
| **CATEGORY (SC / ST / OBC / EWS / GENERAL)** |  |
|  | |
| **PHYSICALLY DISABLED (YES / NO)** |  |
|  | |
| **CURRENT STATUS** |  |
| **(working/ entrepreneur/ student/ unemployed/ school dropout)** |  |
|  |  |
| **QUALIFICATIONS** |  |
|  | |
| **PHOTO ID NUMBER (Aadhar/ PAN/ Voter ID/ Passport)** | |
|  | |
| **MOBILE NUMBER** |  |
|  | |
| **ALTERNATE MOBILE NUMBER** |  |
|  | |
| **e-MAIL ADDRESS** |  |
|  | |
| **TRAINEE'S DOMICILE (RURAL / URBAN)** | |
|  | |
| **FEE PAYMENT DETAILS (IF APPLICABLE)** |  |
|  | |
|  | |
|  | |
|  |  |
| **SIGNATURE OF APPLICANT** | **SIGNATURE OF COORDINATOR/ NODAL** |
| **DATE** | **DATE** |