

**COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH (CSIR)
 INTEGRATED SKILL INITIATIVE (PHASE-II) (2020-25)
 TRAINEE ENROLLMENT FORM**

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	
<i>(working/ entrepreneur/ student/ unemployed/ school dropout)</i>	
QUALIFICATIONS	
PHOTO ID NUMBER <i>(Aadhar/ PAN/ VoterID/ Passport)</i>	
MOBILE NUMBER	
ALTERNATE MOBILE NUMBER	
EMAIL ADDRESS	
TRAINEE'S DOMICILE (RURAL / URBAN)	
FEE PAYMENT DETAILS (IF APPLICABLE)	
SIGNATURE OF APPLICANT	
FOR OFFICE USE	
ENROLMENT ACCEPTED ? YES / NO	
SIGNATURE OF SDP NODAL	