

# ANNAMALAI UNIVERSITY

## CENTRE FOR SKILL DEVELOPMENT

### APPLICATION FORM

Course : \_\_\_\_\_

Photo

Name	FIRST NAME	MIDDLE NAME	LAST NAME
Address			
City		District	
State		Pin Code	

Religion		Category	OC/BC/MBC/SC/ST
Gender		Age & Date of Birth	
Aadhar No		Any other ID	
Mobile No		Email	

#### **Personal Details**

Father's Name		Marital Status	
Father's Occupation		Spouse Name	
Mother's Name		Spouse Occupation	
Mother's Occupation		Spouse Income	
Monthly Income		No. of Children	
Family Income		No. of Family Members	

**Academic Qualifications**

Qualification	Year	School / college	Board / university

**Achievements / co-curricular activities in:**


**Skill Training**

Course	Year	Institute	Specialization

**Work Experience**

Sl.No	Organization	Designation	Experience in Years	Salary

**Job Preference**

Preferred Industry	
Salary Expected	
Preferred place of work	

I would attend all classes, undergo training program and appear for examination from Sector Skill Council.

DATE:    /    /

SIGNATURE