

**DEPARTMENT OF INDUSTRIAL TRAINING
(KERALA STATE)**

State Implementation Cell
Directorate of Training
Thiruvananthapuram
Date: 27/05/2013

No.SIC – MES 5951/2013

From

**The Member Secretary
SSDISK**

To

**The all VTPs
Kerala State**

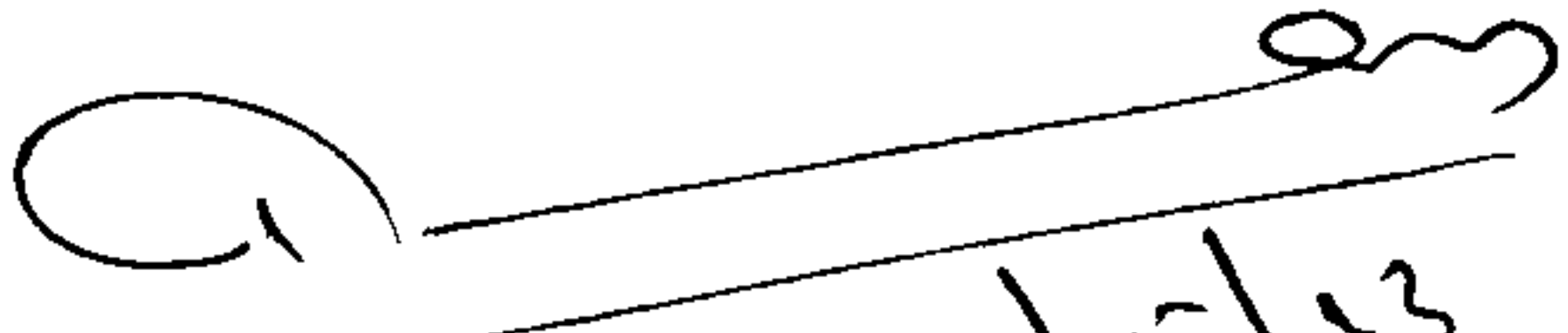
CIRCULAR- II

Sir,

Sub:- Industrial Training Department – SIC – Skill Development Initiative Scheme- Attached documents of enrolling trainees under the scheme to be submitted as hard copies – Intimation – Regarding.

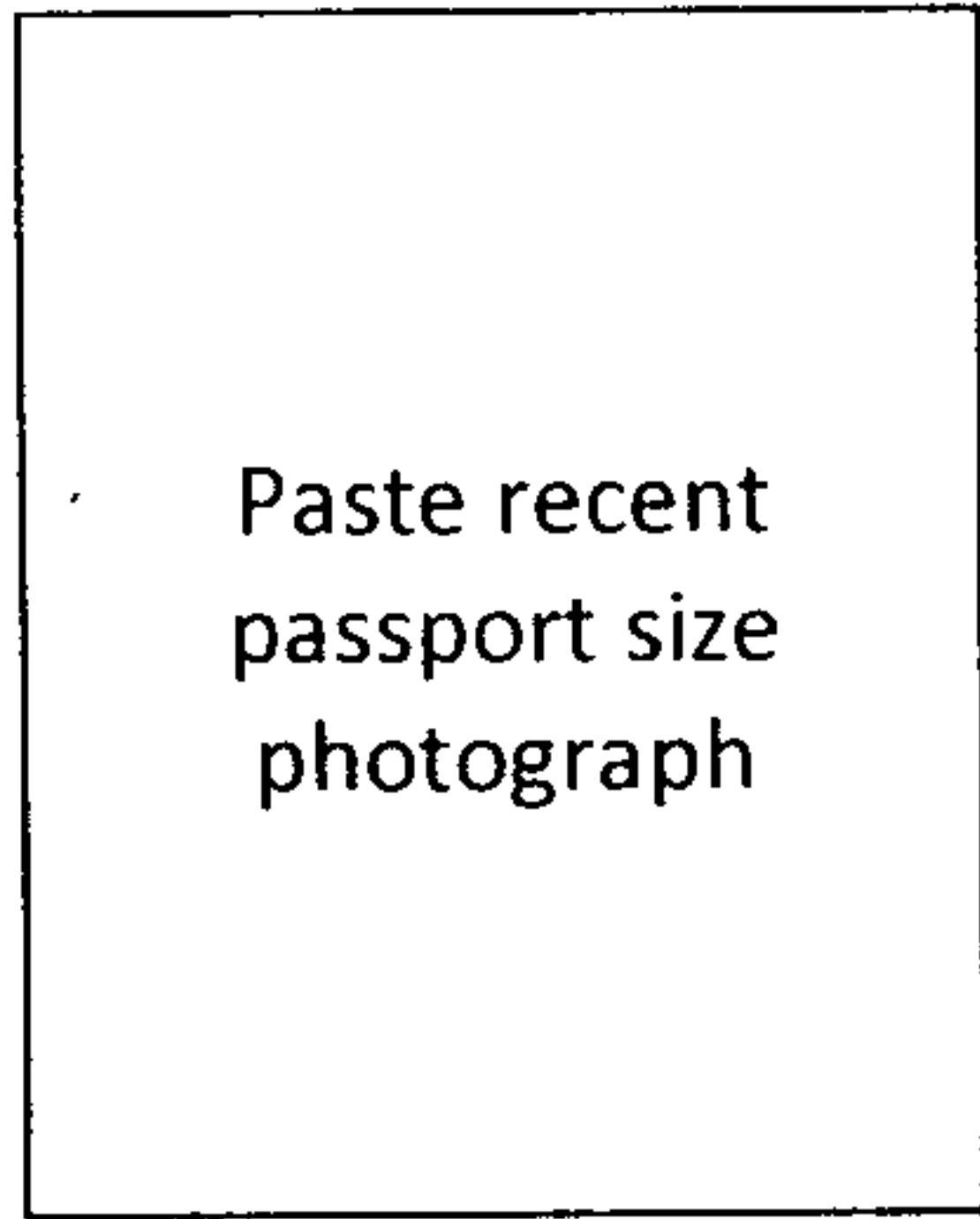
Under skill development initiative scheme, all VTPs has been insisted upon to execute activities of the scheme only through Web portal. Inorder to verity the candidate registration form submitted through web portal all institutions / organizations are directed that, **after submitting the training calendar through web portal**, hard copies of the attached documents of trainees which is proving their caste and religion, date of birth and educational qualifications along with filled up application (attached) should be sent to the Joint Director, incharge of SIC & MES, Directorate of Training, Thycaud, Thiruvananthapuram

Yours faithfully,


27/5/13
Member Secretary
Directorate of Training

**APPLICATION FOR CANDIDATE REGISTRATION
FOR TRAINING**

**SKILL DEVELOPMENT INITIATIVE SCHEME (SDIS)
MODULAR EMPLOYABLE SKILL (MES)**



Reg No..... (for Office use only)

Date.....

1. PERSONAL DETAILS

- Candidate Name :
Father's Name :
Mother's Name :
Date of Birth :
Category : General SC ST OBC
Person with disability : Yes No
Sex : Male Female
Nationality :
Religion : Hindu Muslim Christian Others

II Educational Details

- General Qualification : 5th 8th 10th 12th
Professional Qualification : NIC NAC Diploma Degree
 Post Graduation Non professional

III Contact Details

- Telephone / Mobile :
E-mail (optional) :
Present Address

Permanent Address

City
District
Postal Code
State
Country

City
District
Postal Code
State
Country

IV MES COURSE IN WHICH ADMISSION IS SOUGHT

Sector :

Course/ Module :

V DETAILS OF VTP

Name of Vocational Training Provider :

Address :

VI PAYMENT DETAILS FOR TRAINING

Cash/ cheque/DD/IPO No..... Dated..... Amount..... (in Words) Drawn on.....

DECLARATION

I declare that the entries made by me in this form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me.

I also understand that the VTP shall be free to investigate on its own into the correctness of information furnished by me in this application and/ or call for any further information in this regard from me.

During such investigation or at any subsequent stage, DGE&T may refuse to issue the Certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Training under the SDS.

Signature of candidate :

Name :

Place :

Instructions to fill the form :

1. One clear attested photocopies of all supporting documents should be submitted
2. Applicant is required to affix one recent front view photograph