

Department of Horticulture and Plantation Crops, Chepauk, Chennai - 5

**Application Format for enrolling Short term Skill Training on
Gardener/Florist/Micro Irrigation Technician**

Name of training applied for:

Name of the centre applied for:

Affix your
recent
passport
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photograph
here

- 1 Name :
- 2 Father's name :
- 3 Mother's name :
- 4 Email.I.D :
- 5 Contact number :
- 6 Aadhar No :
- 7 Date and Place of birth :
- 8 Nationality :
- 9 Religion :
- 10 Community :
- 11 Taluk :
- 12 Marital Status :
- 13 Educational Qualification :
- 14 Experience :

- 15 Area of Specialization :
- 16 Field of Interest :
- 17 Additional Skills :
- 18 Training / Skill course attended if any :
- 19 Permanent address :
- 20 Address for communication :
- 21 Bank Details
1. Bank name :
 2. Account number :
 3. Account name :
 4. IFSC Code :
 5. Branch name :

Details of Educational qualification

| S.No | Exam passed | Year of passing | Board/University | Percentage of marks obtained | Certificate Number |
|-------------|--------------------|------------------------|-------------------------|-------------------------------------|---------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Work experience if any

| S.No | Name of the Organization | Designation | Period | |
|-------------|---------------------------------|--------------------|----------------------------|--------------------------|
| | | | From (DD/MM/YY) | To (DD/MM/YY) |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

I hereby certify that fore-going information is correct to the best of my knowledge and belief. If any of the given information wrong or suppressed any material fact or factual information, then my application is liable to be rejected without giving any notice or reason thereof.

Signature of the Applicant (with Date)