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| logo.jpg | **NIRE****NIRE-NATIONAL INSTITUTE OF RENEWABLE ENERGY**Regd. Office: No.1/2-A, 1stcross, Maravaneri, Salem-636 007.E-mail: training@nire.in Web : [www.nire.in](http://www.nire.in) Ph: 8883998823, 0427-4030987. |
| **Name of Course** |  | PASS PORT SIZEPHOTO HERE |
| **Location** |  |
| **Duration** |  |
| TRAINEE REGISTRATION FORM |

|  |  |
| --- | --- |
| **Name****(IN BLOCK LETTERS)** |  |
| **Fathers/ Husband’s****Name** |  |
| **Date of Birth** |  | Age | ……………. Years |
| **Gender** | Male ( ) | Female ( ) |
| **Address** |  |
| **E-mail Id.** |  |
| **Mobile No.** |  | FB Id: |
| WhatsApp no: |
| **Max.Educational****Qualification** |  |
| **Experience, if any** |  |
| **Participant’s****objective *Please(**)*** | 1. Self - Employment2. Wage - Employment3. Students |

Attached: Copy of **(a)** Max. Educational qualification **(b )** Community Certificate **(c)**Proof of age [voter Id. or driving license or ration card and **(d)** two pass port size photograph.

Date:

Place: **Signature of the participant**