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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](mailto:training@nire.in) Web : [www.nire.in](http://www.nire.in)  Ph: 8883998823, 0427-4030987. | |
| **Name of Course** |  | | PASS PORT SIZE  PHOTO HERE |
| **Location** |  | |
| **Duration** |  | |
| TRAINEE REGISTRATION FORM | | |

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| --- | --- | --- | --- | --- |
| **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 - Employment  2. Wage - Employment  3. 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**