Trainer Registration Form

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| Trainer Name |  |  |
| AADHAR No. ( Aadhaar No is not mandatory in NE and J&K) |  |  |
| Trainer Identified for which Job Role and Certified for which SSC | | |
| Job Role 1, please select from Job Role Tab |  |  |
| Trainer's Certified for which SSC, Please select from Sector Skill Council Tab |  |  |
| Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO) |  |  |
| Job Role 2, please select from Job Role Tab |  |  |
| Trainer's Certified for which SSC, Please select from Sector Skill Council Tab |  |  |
| Does Trainer have Minimum Qualification as per SSC criteria ( Please specify Yes/ NO) |  |  |
| If yes, please specify the name of Agency from which Entrepreneurship Certification Obtained. |  |  |
| Trainer is on Full Time/ Part Time Basis |  |  |
| Type of Resource, please specify: 1. Dedicated Resource 2. Shared Resource |  |  |
| Trainer Mobile Number |  |  |
| Highest Qualification, please specify |  |  |
| Total Years of Experience (in yrs) |  |  |
| Out of Total Experience, Sector related experience (in yrs.) |  |  |
| Out of Total Experience, Teaching Industry experience (in yrs.) |  |  |
| Remarks(If any) |  |  |