**SAMUEL GNANAM IT CENTRE**

REGISTRATION FORM

|  |  |
| --- | --- |
| NAME | First name |
| Surname |
| DATE OF BIRTH | Dd/mm/yyyy |
| ADDRESS |  |
| EMAIL ID |  |
| CONTACT NO. | mobile |
| NIC NO. |  |
| GENDER |  |
| MARITAL STATUS |  |

EDUCATIONAL QUALIFICATION:

|  |  |  |  |
| --- | --- | --- | --- |
| PERIOD YEAR  FROM - TO | NAME OF SCHOOL/ UNIVERSITY OR OTHER INSTITUTION | EXAMINATIONS PASSED WITH DETAILS | Subjects and Grading |
| PRIMARY |  |  |  |
| SECONDARY |  |  |  |
| UNIVERSITY |  |  |  |
| PROFESSIONAL QUALIFICATION: |  |  |  |

WORK EXPERIENCE:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Period |  | Name & Address of | Designation & Type | Reasons for | Leaving / |
| Month & Year | | Place of Work | of Work | Leaving | Present |
| From | To |  |  |  | Salary |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

TECHNICAL SKILLS

FIELD OF INTEREST:

***Referee / guarantor***

DECLARATION:

I hereby solemnly affirm that I will attend the six-month training without failing.

Signature Date

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