



APPLICATION FORM

INDIVIDUALS

The Chief Executive Officer,
Capital Goods Skill Council,
 C/O Awfis, 1st Floor, L-29 Outer Circle
 Connaught Place
 New Delhi – 110001

I wish to apply for Capital Goods Skill Council Membership.

Name of Applicant _____

Address _____

Pin _____ **Tel** _____

Fax _____ **Mobile** _____

Email _____

My expertise is in / as:

- Assessor
- Consultancy
- Content Developer
- Master Assessor
- Master Trainer
- Mentor (Training Institutes / Educational Institutes)
- Research
- Subject Matter Expert
- Trainer
- Other, Please Mention

The application form duly completed is submitted along with updated copy of Curriculum Vitae and Annual Membership Fees of **Rs 1000/-** by cheque / DD no. _____ dated _____ drawn on _____ in favour of **“Capital Goods Skill Council”**.

I give my consent to abide by the Rules and Regulations of Capital Goods Skill Council.

Kindly acknowledge receipt of the above and confirm membership.

Regards

Signature

Date

Name and Designation _____

For CGSC Office use:

Membership No _____ **Approval Signature** _____ **Approval Date** _____