



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 _____

Email _____ Mobile _____

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 _____