



TRAINER REGISTRATION FORM

Date:...../...../.....

Name of the Trainer : _____

Address : _____

City of residence _____

Age / Date of Birth : _____

Contact Number : _____

Email Address : _____

Qualifications
(HSC to Post Graduation) : _____

Total Experience in months : _____

Relevant Experience in months
(as a Trainer) : _____

Current Employer : _____

Past Employer (s) : _____

Total Experience : Years _____

Areas of Expertise : (1): _____ Experience : _____

(2): _____ Experience : _____

(3): _____ Experience : _____

(4): _____ Experience : _____

Please attach following documents with your application

- (1) Mark sheets for Graduation and Post Graduation (as applicable) attested photocopy
- (2) Xth and XIIth std mark sheet/ degree attested photocopy
- (3) Experience certificate or Bonified letter from the past or present employer attested photocopy
- (4) A brief write-up (maximum 500 words) on your experience as a trainer and course conducted
- (5) Recommendations

Applicants Signature

**Sent the filled up forms with the necessary attachments to
O/o CGM Training
MPMKVVCL
Bijli Nagar Colony
Nistha Parisar, Govindpura
Bhopal - 462023**