

**SUPERVISORY DEVELOPMENT CENTRE, KALAMASSERY**

**PANEL REQUEST FORM**

**FOR GRADUATE & TECHNICIAN APPRENTICESHIP TRAINING**

| SL No | Branch | No. of Candidates required |         | Monthly Stipend Industry willing to pay |         | Preference if Any (District, Mark, Cast, etc...) |         |
|-------|--------|----------------------------|---------|---|---------|--|---------|
|       |        | Graduate.                  | Diploma | Graduate                                | Diploma | Graduate.  | Diploma |
|       |        |                            |         |   |         |  |         |
|       |        |                            |         |   |         |  |         |
|       |        |                            |         |   |         |  |         |

Industry Name :

Address :

Delegate Name :

Designation :

Mobile No :

Email Id :

Signature :