

**SUPERVISORY DEVELOPMENT CENTRE, KALAMASSERY  
DEPARTMENT OF TECHNICAL EDUCATION, GOVT. OF KERALA**

**APPLICATION FOR REGISTRATION UNDER THE APPRENTICES (AMENDMENT) ACT**

1. പേര് (മലയാളത്തിൽ) :  
Name in block letters (English) :  
2. Address for communication :  
(in block letters)

DIST.						
PIN						

3. Phone No. :  
4. E-mail ID :  
5. Male/Female/Transgender :  
6. Age and Date of Birth :  
7. Physically Handicapped : Yes/No (if yes, enclose certificate)  
8. Please specify Degree/Diploma with branch :  
9. Details of the qualification (Those who send by post, please attach self attested copies of consolidated mark list and Provisional/Original Certificate and original chalan)

Duration of Course	Institution & Place	University / Board	Month & Year of Passing	% of Marks	Class

10. Have you undergone training under Apprentice Act elsewhere: Yes / No  
11. Experience if any :  
12. Caste and Religion :  
13. Whether belongs to : GN / SC / ST / OBC / OEC  
14. Whether willing to work anywhere in Kerala :  
15. \*Details of fee paid (attach original Chalan)

Chalan No.	Chalan Date	Amount	Name of Treasury

Place:

Date:

**Signature of the Applicant**

\*Fee: Rs. 75/- for Degree holders and Rs. 60/- for Diploma holders (For SC/ST Rs. 40/- and Rs. 30/- respectively on production of Community Certificate). Please remit the amount at any Treasury in Kerala in the Head of Account 0202-02-800-94-OR

NB: Application may be sent to: Assistant Director, Supervisory Development Centre, N.A.D. Road, Kalamassery - 683 104, Ernakulam, Ph: 0484-2556530.