

FORM TO BE FILLED BY OBSERVERS / TRAINEES/ PROJECT STUDENTS

Name :

Permanent address :

Official address :

Trivandrum address :

Date of birth and age :

Designation in parent Institution :

Educational Qualifications :

**Nature of duties performed in
Parent Institution :**

Approved period of training :

Date of joining :

Are you medically fit :

**What is the aim of your training/
Work here? :**

I certify that I shall abide by the code, rules and regulations of the Institute during my period of training. I shall clear all dues before leaving the Institute.

**Trivandrum
Dated:**

Signature