



**Central Institute of Petrochemicals Engineering & Technology (CIPET)**  
**Centre for Skilling and Technical Support (CSTS)**  
(Department of Chemicals & Petrochemicals, Ministry of Chemicals & Fertilizers, Govt. of India)  
437/A, Hebbal Industrial Area, Mysore – 570 016. Karnataka



**Mangalore Refinery and Petrochemicals Limited (MRPL), Mangalore**  
**Skill Development Training Programme under CSR**

**REGISTRATION FORM**

Doc. No.: STC/F-01

Ref.: BNPM No. MRPL/Admin/Skill/2023-24/01, dtd. 25.10.2023

Paste your colour  
Passport size  
photograph

1. Name of Participant (Block Letter): Mr./Mrs./Miss \_\_\_\_\_

2. Name of the Course : MO-IM/MO-PP/ \_\_\_\_\_

3. Duration of the Course: 6 Months \_\_\_\_\_

4. Father's Name (Block Letter): Shri \_\_\_\_\_

5. Gender: Male/Female \_\_\_\_\_ Age: \_\_\_\_\_ Years \_\_\_\_\_

6. Educational Qualification : \_\_\_\_\_

7. Present Address : \_\_\_\_\_

Pin Code: \_\_\_\_\_

8. Permanent Address : \_\_\_\_\_

Pin Code: \_\_\_\_\_

9. Aadhaar No. : \_\_\_\_\_

10. Mobile Number : (i) \_\_\_\_\_ (ii) \_\_\_\_\_

11. E-Mail-ID : \_\_\_\_\_ @ \_\_\_\_\_

12. Category : General / OBC / SEBC / SC / ST

13. Whether belongs to Minority : Yes / No. If Yes (please specify) \_\_\_\_\_

14. Whether Person with disability : Yes / No

15. List of Documents to be enclosed (Please tick):

- |  |                          |
|--|--------------------------|
| i. Identity Proof (Govt. Issued)           | <input type="checkbox"/> |
| ii. Address Proof                          | <input type="checkbox"/> |
| iii. Educational Qualification Certificate | <input type="checkbox"/> |
| iv. Date of Birth certificate              | <input type="checkbox"/> |
| v. School Leaving Certificate              | <input type="checkbox"/> |
| vi. Category Certificate                   | <input type="checkbox"/> |
| vii. Income Certificate                    | <input type="checkbox"/> |
| viii. BPL/APL Card                         | <input type="checkbox"/> |
| ix. Person with disability certificate     | <input type="checkbox"/> |

Place: Mysore

Date: \_\_\_/\_\_\_/2023

Signature of Participant