

**EDP** 

## **GOVT.OF TAMILNADU**

## ENTREPRENEURSHIP DEVELOPMENT INSTITUTE TI Building, Guindy, Chennai-600032

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**ESDP** 

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**WESDP** 

## NAME OF THE PROGRAMME (Please ✓)

**TEDP** 

NAME OF THE COURSE						(Please refer our website)									
LOCATION															
				RE	GIS	ISTRATION FORM									
Name (IN BLOCK LETTERS)															
Fathers/ Husband's name															
Date of Birth	D D		M		Υ	ΥΥ		ΥΥΥ		Age			Years		. Years
Gender	Ma	ale		Female	)	(pl	ease (	<b>√</b> )							
Category (✓)	SC		ST			MBC		OBC		Gen. M		Mino	nority PH		PH
Pin code:															
e-mail Id.															
Mobile Ph. No.															
Max. Educational Qualification															
Experience, if any															
Participant's objective	and ot	her info	rmatio	n, if an	y (add	itional c	<sub>l</sub> ualific	ation/ tr	ainin	g progra	mmes	atten	ided/ V	Vork ex	perience

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Attach copy of (a) Max. educational qualification (b) Community Certificate (c) Proof of age [voter id or driving license or ration card and (d) One passport size photograph. Send application by post / courier.

etc.) & Reasons for your participation in the programme may also be mentioned.

1. Self-Employment

2. Wage employment

Date:
Place:

Participant's

objective Please (✓)