



# Registration Form for Training under the National Certification Programme for Rooftop Solar Photovoltaic Installer

<b>FOR OFFICIAL USE ONLY</b>	
Trainer I.D.* :	
ATC Code No. :	
Date :	

Affix passport-size  
(37 mm x 37 mm)  
photograph with  
white background.

<b>1. APPLICANT'S PERSONAL DETAILS</b>										
a. Name of Applicant :										
b. Designation :										
c. Mobile No. :										
d. Landline Phone Number :										
e. Fax Number :										
f. Email :										
g. Date of Birth :	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">Day</td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">Month</td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 5%; border: 1px solid black;"></td> <td style="width: 15%; border: 1px solid black; text-align: center;">Year</td> </tr> </table>			Day			Month			Year
		Day			Month			Year		
h. Gender :	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; text-align: center;">Male</td> <td style="width: 10%; border: 1px solid black;"></td> <td style="width: 40%; border: 1px solid black; text-align: center;">Female</td> </tr> </table>	Male		Female						
Male		Female								
i. Have you attended any GERMI Training Before? :	<p>Yes / No (Please circle one)</p>									
If yes, provide Training date :										
If yes, provide your I.D. No. :										

<b>2. AFFILIATED ORGANIZATION DETAILS (if applicable)</b>	
a. Name of Organization :	
b. Name of Contact Person :	
<i>[Note: Contact Person shall be a duly approved Authorized Signatory for the Organization.]</i>	
c. Designation of Contact Person :	
d. Mobile No. :	
e. Landline Phone Number :	
f. Fax Number :	
g. Email :	



h. Address of the Organization :

i. Status of the Organization with respect to the National Certification Programme for Rooftop Solar Photovoltaic Installer. Please check (✓) one of the following:

The Organization is already an Authorized Training Centre (ATC).

The Organization has applied to become an ATC and is awaiting confirmation.

The Organization has not applied to become an ATC.

### 3. APPLICANT'S PROFESSIONAL DETAILS

a. Qualification (Start with most recent):

Sr.	Degree/ Certificate	Branch/ Stream	University/ Institution	Year
i.				
ii.				
iii.				

b. Experience (Start with most recent):

Sr.	Designation	Organization	From (Date)	To (Date)
i.				
ii.				
iii.				
iv.				

Total Experience (in years) :



c. Other Professional Information:

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**4. DETAILS OF THE TRAINING APPLIED FOR**

a. Date of Training	:	
b. Location of the Training	:	

**5. HOW DID YOU GET TO HEAR ABOUT US?**

a. Word of Mouth	
b. Newspaper ad (or any print media)	
c. Social Media (Facebook/ Twitter/LinkedIn/ Sound Cloud/ YouTube etc.)	
d. Information from GERMI (physical letter or E-mail)	
e. Other method/ channel	

If you answered 'other method/ channel' which one was it?

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**6. TERMS AND CONDITIONS**

- a. Submission Deadline: The duly filled Training Registration Form along with necessary attachments and fees shall reach GERMI at least 15 (fifteen) calendar days prior to the commencement date of the concerned Training.
- b. Training Fee: The Fee for this Training is Rs. 50,000/- (Rupees Fifty thousand only)
- c. Payment Method: The Training Fee shall be paid by Cheque or Demand Draft drawn in favour of "Gujarat Energy Research and Management Institute" payable at Gandhinagar, Gujarat.



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Please find below the Bank Account details for RTGS & NEFT transfer

Bank Name: Corporation Bank

Bank Address: Udyog Bhavan Branch

Gandhinagar - 382011

Bank Routing: IFSC: CORP0000583

Bank Account: 058300101006499

- d. A seat in the Training shall only be reserved upon receipt of duly filled Registration Form along with the Training Fee.
- e. Contact and Communication: This Training Registration Form should be duly filled to the maximum possible extent in clear and legible writing or printed, sealed in a cover and mailed to:

**The Programme Coordinator**

National Certification Programme for Rooftop Solar Photovoltaic Installer

Gujarat Energy Research and Management Institute

1<sup>st</sup> Floor, Energy Building

Pandit Deendayal Petroleum University Campus, Raisan

Gandhinagar 382 007, GJ

INDIA

Phone : +91-79-2327 5361

Fax : +91-79-2327 5380

Email : [pvinstaller@germi.org](mailto:pvinstaller@germi.org)

- f. The cover containing this Training Registration Form should be clearly marked “PV Installer: Training Registration Form” on the top of the cover
  - g. All communication and queries regarding this Training as well as the overall programme should be directed to the Training Coordinator.
  - h. Submitting this Registration Form with Training Fee does not automatically qualify the applicant for the Training. This application may be rejected if the applicant does not meet the basic qualification criteria or for other technical reasons.
  - i. Incompletely filled Training Registration Form, absence of required attachment or payment may result into rejection of the application. GERMI may reject any application without providing any reason whatsoever based on its sole discretion.
  - j. The seats of the Training shall be filled on a first-come-first-serve-basis.
  - k. Cancellation by GERMI: GERMI reserves the right to cancel or reschedule the Training with a notice of not less than 7 (seven) days. In the event of such cancellation or rescheduling, the applicant may opt for a full fee refund.
  - l. Cancellation by Participant: In the event of cancellation of participation in Training by the Participant, the Participant shall be entitled for refund of only 50% of the Training Fees provided that at a notice of at least 7 (seven) days is given prior to Training commencement. If the Participant cancels his/ her participation less than 7 (seven) days before the Training, then the Participant shall not be eligible for any refund.
  - m. Force Majeure: In case of unavoidable circumstances like administrative reasons (riots, strike, bandh, agitation, curfew, etc.), natural calamities (flood, earthquake, bad weather etc.), unavoidable emergency or any other events beyond GERMI’s control, GERMI holds the right to cancel or reschedule the Training without owing any financial or other liability towards the Participants.
  - n. Any disputes regarding the Training or the National Certification Programme for Rooftop Solar Photovoltaic Installer are subject to Gandhinagar jurisdiction.
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## 7. UNDERTAKING BY THE APPLICANT

I certify that:

- All information provided herein is true to the best of my knowledge, and that any deviation, identified now or later, may result into disqualification of my status as a Certified Trainer/Installer for the National Certification Programme for Rooftop Solar Photovoltaic Installer.
- I have read, completely understood and agree to the Terms and Conditions of this Registration Form for the Training.

- Training Fees. Please check (✓):

I have attached cheque/ DD or have transferred electronically Rs.50,000/- as Training fees (which does not include accommodation, transport and dinner).

- Payment mode for Training Fee. Please check (✓) and fill any one:

Circle any one

Cheque / Demand Draft (DD)

Bank & Branch Drawn

Cheque/ DD Number

Date of Cheque/ DD

OR

I will transfer the Training Fee using RTGS/ NEFT.

Signature of Applicant

Name of Applicant

**Not applicable for individual participant**

## 8. AUTHORIZATION BY CONTACT PERSON (I.E. AUTHORIZED SIGNATORY) OF ORGANIZATION

Signature :

Name :

Place :

Date :

Organization Seal



<b>FOR OFFICIAL USE ONLY:</b>				
<b>Sr.</b>	<b>Step</b>	<b>Yes / No / (NA)</b>	<b>By / To</b>	<b>Date</b>
1.	<b>Application Forwarded</b>			
2.	<b>Trainer Admitted</b>			
3.	<b>Technician Certified</b>			
4.	<b>Trainer I.D.*</b>			
5.				
6.				
7.	<b>Other Comments:</b>			



### List of Attachments:

*[Note: List of Attachments should be clearly indicated in the format below and attached as a part of the Training Registration Form. Attachments in addition to those indicated should be added in the blank rows.]*

<b>Sr.</b>	<b>Attachment</b>	<b>Attached? (Circle One)</b>	<b>For Official Use Only</b>
0.	Duly filled and signed Training Registration Form.	Yes / No	
1.	Payment for the Training as indicated in this Registration Form.	Yes / No	
2.	Copy of Birth Certificate of Applicant.	Yes / No	
3.	Copies of Degree and Academic Certificates of the Applicant as indicated in Section 3 (a).	Yes / No	
4.			
5.			
6.			