

Name

Branch

PSG Institute of Technology and Applied Research Neelambur, Coimbatore-641062

CARRER DEVELOPMENT CENTRE

Willingness to Avail Skill Development Training & Campus Placement for The Batch 20___ - 20___ Students

Register Number

Year / Semester

Personal Details

Contact Details	1)	2)
Email Id	1)	2)
Address		
1. Are you willing to	o avail campus placement services?	Yes / No
2. If No , please tick	any one of the following:	
Higher Studi	es (Career Guidance Service)	
Competitive 1	Exams, specify	
Own/Family	business	on, specify:
	inside the given text box against e	ng conditions and acknowledge the same by ach item, which will make you eligible to take
I'll attend all	training sessions without fail.	
	oletion of all assessment tests and ationed by the Career Development	online exams shall be undertaken by me on Centre.
Once I regist fail.	er for a company's campus recruitr	nent, I will attend the interview without
	re and will oblige by the pla ements.psgitech.ac.in/	cement policies declared in the website:
I have given	all the above information with the c	onsent of my parents.

In the event of violating any of the aforementioned conditions, I understand that I will be disqualified from participating in campus placements.



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Acknowledgement by the Parent

I,	Father/Mother/Guardian of	hereby
declare that I am fully aware tha	at my son/daughter is opting /not opting for the s	skill development
training and campus placement	. (Vide details enlisted in the reverse side)	
In this regard, you may contact		
Name		
Educational Qualification		
Occupation		
Mobile Number		
Email Id		
Date:		
Place:		

Signature of Father/Mother/Guardian