



TRAINING AND RESEARCH INSTITUTE (NSUI) DISTRICT COORDINATOR FORM

Affix Latest passport
size photograph

NSUI/Tra/ : _____

Assembly Name & No. : _____

State : _____

Ward/Panchyat : _____

District : _____

Both No. : _____

PERSONAL DETAILS

Full Name : _____

Father Name : _____

Date / Month / Year

Date of Birth Gender M F Marital Status: Single Married

Category General OBC SC ST Minority

Educational Qualification : _____

Professional Experience : _____

Political Experience : _____

Which aspect of training would you like to work upon :

- Ideological Behavioural Current Affairs Speaking Skills
 Writing Skills Organisation Mobilisation Research and Development

Postal Address : _____

Pin Code _____

Mobile Number E-mail ID

Twitter Handle

Facebook Id

Any other : _____

For Valid Photo Identity Proof Kindly Provide Aadhar Card & Number or Voter Id Card & EPIC Number _____

An Initiative by :

National Students' Union of India

5 Raisina Road, New Delhi - 110001 | Tel.: 011-23358685

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Kindly Submit your form: office.nsuitri@gmail.com

Last Date of Submission : 16th June 2018 (11:59 IST)

Signature