



# LiLi Scientific Electrolysis Training Academy

ISO 9001 : 2008 Certified

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One photo to be pasted here

Attach two additional photos

## APPLICATION FOR Diploma in Scientific Electrolysis (DSE)

Sr. No. ....

Title (Mr/Ms/Mrs)

Given Name .....

Middle name .....Surname.....

Fathers' /Husbands Name in full .....

Date of birth (yyyy/mm/dd) ...../...../..... Marital Status : Married/Single/Widow

Languages Known ..... Mother Tounge .....

Sex: Male  Female  Nationality .....

Email Id .....

Phone: Mobile ..... Landline .....

### Educational Qualifications

S.No	Examination Passed	Board/University	Year of Passing	Subject Taken	% Marks

Additional Qualification .....

**Details of Work Experience**

Name of Employer .....

Designation .....

Address of the employer .....

..... PIN .....

Email Id ..... Phone: Mobile ..... Landline .....

**Address for communication**

.....  
City..... State..... Country.....

PIN ..... Mobile No. .... Landline .....

**Permanent Address**

.....  
City..... State..... Country.....

PIN ..... Mobile No. .... Landline .....

**Declaration**

I ..... S/o, D/o, W/o .....do hereby affirm and declare that the above information are true and correct to the best of my knowledge and belief and nothing has been concealed there from and that the event of wrong information the admission is liable to be cancelled.

Date .....

Place .....

.....

Signature of candidate