

CONSENT FORM FOR Dr.RMLCSM-STAR SCHEME

- Name of Centre Manager: _____
- **RMLCSM** Centre Code: _____
- Location Name: _____
- District Name: _____
- State Name: _____

I hereby give my consent to train and provide for assessments, a total number of ____ candidates to Dr.rmlcsm, in the below-mentioned Courses/ Job Roles under the Dr.rmlcsm – STAR Scheme. I also declare that the required infrastructure and faculty for each of the following courses shall be made available by me at all times for all students. I also declare that I would try and work towards the placement of as many of these successfully trained candidates as possible at my level.

SECTOR NAME	S.N.	NAME OF COURSE/ JOB ROLE	ESTIMATED NO. OF CANDIDATES TO BE TRAINED IN ONE YEAR DURATION
1. IT/ITES	1	Domestic-Voice	
	2	Domestic Non-Voice	
	3	Domestic Data Entry Operator	
	4	Domestic Bio-Metric Operator	
	5	Domestic IT Helpdesk Attendant	
2. AUTOMOTIVE SKILLS	6	Automotive Service Technician	
	7	Machining Assistant	
3. BFSI SECTOR	8	Business Correspondent & Facilitator	
4. ELECTRONICS SECTOR	9	Set-Top Box Installer and Service Technician	
	10	Television Repair Technician	
5. AGRICULTURE SECTOR	11	Banana Farmer	

	12	Gardener	
	13	Micro Irrigation Technician	
	14	Tractor Operator	
6. RETAIL	15	Shop Ops Assistant	
	16	Trainee Associate	
	17	Cashier	
	18	Sales Associate	
7. TELECOM SECTOR SKILL COUNCIL	19	Customer Care Executive(Call Centre)	
	20	Sales Executive (Broadband)	
8. SECURITY KNOWLEDGE AND SKILL DEVELOPMENT COUNCIL	21	Armed Security Guard	
	22	Unarmed Security Guard	
9. CAPITAL GOODS SKILL COUNCIL	23	Welder	
	24	Fitter	
		TOTAL	

Signature:

Place:

Date:

Seal: