



**SKILL
DEVELOPMENT
INSTITUTE**
AHMEDABAD



ADS
FOUNDATION
SKILLING FOR EXCELLENCE

APPLICATION FORM 2026-27

SKILL DEVELOPMENT INSTITUTE AHMEDABAD

Supported by

ONGC

Applicant Name: _____ Year: _____

Course Name: _____ Batch No.: _____



APPLY NOW 

www.sdiahmedabad.in



Skill Training Programs – SDI Ahmedabad

SDI Ahmedabad is offering customized Employment linked Skill Training Programs to Youth.
(Eligible Age: 18 to 28 Years)

Short-term Skill Training

S. No	Program Name	Course Duration	Minimum Qualification Criteria	Interested to Join
1	CNC Operator - Turning	90 Days	10th Pass/ITI	<input type="checkbox"/>
2	CNC Programmer	81 Days	12th+Exp./ Diploma/ B.E./ B.Tech.	<input type="checkbox"/>
3	Solar PV Module Manufacturing Technician	68 Days	10th Pass	<input type="checkbox"/>
4	Industrial Welder (Oil & Gas)	90 Days	10th Pass/ITI	<input type="checkbox"/>
5	Assistant Technician- Drilling (Oil & Gas)	90 Days	12th Pass /ITI	<input type="checkbox"/>
6	Assistant Technician- Production (Oil & Gas)	90 Days	12th Pass /ITI	<input type="checkbox"/>
7	Junior Plumber (City Gas Distribution)	45 Days	10th Pass/ITI	<input type="checkbox"/>
8	Solar Panel Installation Technician	90 Days	10th+2 Yrs Exp./ 12th+ 6 Mth. Exp./ ITI/ Diploma	<input type="checkbox"/>
9	Sewing Machine Operator	90 Days	5th pass	<input type="checkbox"/>
10	General Duty Assistant	135 Days	10th Pass	<input type="checkbox"/>
11	Electric Vehicle Service Technician	75 Days	10 th Pass	<input type="checkbox"/>
12	Office Operations Executive	75 Days	12th Pass	<input type="checkbox"/>
13	AI - Machine Learning Engineer	72 Days	Diploma / B.Sc./ Relevant Field- (AI/Computer Science/IT)	<input type="checkbox"/>

Free Training and Hostel (Boarding/Lodging) Facilities will be provided for all students at SDI Ahmedabad.

The selected candidates will be trained in the premises of SDI Ahmedabad, Adalaj (Ahmedabad).

Selection of candidates belonging to SC/ST/BPL/Women Candidates with socially and economically under privileged (as per Government Norms) will be preferable and purely based on merit drawn through Written Test, Personal Interview and Counseling.

18. Communication Address: (Mention if Different than Above)

Address			
State		District	
PIN Code		City	
Taluka/Tehsil		Constituency	

19. Training Status (Pls Tick) : Fresher _____ Experienced _____

20. Work Experience, if Any :

Sl. No	Name of the Organization	Period of Work (Joining Date (J)-Relieving Date (R))	Designation	Monthly Gross Salary Drawn	Remarks if any
1		J: R:			
2		J: R:			

21. Bank Account Details: A/c Holder Name.: _____

A/c No.: _____ **IFSC:** _____

Bank: _____ **Branch:** _____

22. Alternate Contact Details

Alternate No.																				

23. Source of Information (Pls Tick):

Tele-caller / Trainer / Freelancer / Social Worker / ADS Staff / Industries / Visitors / ITI / College / School Staff / Student Ref. / Village People / Sarapanch / Job Mela / YouTube / Facebook / Instagram / Linked In / WhatsApp / SMS / Website / Others _____.

I _____ S/O or D/O _____

declare that all information provided in this application is true to the best of my knowledge and I shall be held responsible and liable for any penal action for any wrong information found in this application form.

Date: ____ / ____ / ____ **Signature:** _____ | **Left Thumb Impression**

(For Office Use Only)

Enrolment Details

Course Name: _____ **Duration:** _____ **Months**

Date of Enrolment: ____/____/____, **Batch Starts From:** ____/____/____, **Batch Ends on:** ____/____/____

Documents Submitted By Candidate (Please Check & Tick):

Photographs Election ID Aadhar Card Ration Card Caste Certificate Age Proof PAN Driving License

Education Proof: Below 5th 5th & Above 10th 12th ITI Diploma Graduation Others

Remarks (if any): _____

Date : ____/____/____

Authorized Signatory with Seal

Important Instructions

Applicants are requested to carefully read the following important instructions before filling out the application form.

1. List of Documents to be enclosed along with the duly filled application form:

- i. 2 passport size photographs.
- ii. Photocopy of Aadhar Card.
- iii. Photocopies of Academic Credentials/Certificates (10th class onwards) as per program requirement.
- iv. Photocopies of work Experience, if any.
- v. Photocopy of Reservation if applicable (SC/ST/OBC).
- vi. Photocopy of income certificate and BPL Card if applicable.

2. Application Submission:

- i. **Email:** Filled application form with all necessary supporting documents may be submitted through email ahmedabadsdi@gmail.com with subject line as **“Application form for admission –SDI Ahmedabad”**
- ii. **Hard Copy:** Hard Copy of the application form with all necessary supporting documents can be sent through post addressing to;

**The Admission Officer
SDI Ahmedabad
Aspire Disruptive Skill Foundation
3rd Floor, Kailash B, 5 Sumangalam C.H.S.L., Beside HDFC Bank,
Drive In Road, Ahmedabad – 380054, Gujarat**

3. Contact Details : Tel: 079 40070801, Mob: 7069085391, 7069021592, 7069023715

4. Selection Process

- a. Candidates will undergo a written test covering basic Mathematics, Science, Aptitude, and Reasoning.
- b. Shortlisted candidates will be called for a Viva Voce/Personal Interview.
- c. The written test will be conducted at SDI or designated test centres. Candidates will be informed about the date and venue via SMS, phone call, or official communication.
- d. Shortlisted candidates will be required to undergo a medical examination.

- e. Selected candidates must submit an undertaking duly signed by both the trainee and their parent/guardian, confirming acceptance of the training process, rules and regulations, and placement terms.

5. Fees:

- i. Tuition Fee: NIL

6. Training:

- i. Full-time residential training will be provided for the entire duration of the program at no cost (free of cost) to the trainees.
- ii. All trainees will be provided with a T-Shirt, PPE kit, books, training materials, lodging, and meals free of cost during the training period.
- iii. The training program will include theory sessions, laboratory exercises, industrial visits, on-the-job training, expert lectures, class projects, and other relevant activities.
- iv. Additional activities such as physical exercise/yoga, indoor games, computer training, smart classes, soft skills, and interview readiness sessions will also be included.
- v. Periodic class tests and assessments will be conducted throughout the training.
- vi. Post-training assessments and certification will be carried out by the respective Sector Skill Council, awarding body, university, or other reputed assessment and certification agencies.
- vii. The skill development training is intended for employment or self-employment generation; therefore, only candidates genuinely seeking job or self-employment opportunities should apply.
- viii. Trainees must be willing to relocate anywhere in India for employment after successful completion of the training, as per company selection.
- ix. Salary and other benefits will be as per the norms of the respective company and may vary accordingly.
- x. Placement opportunities will be provided in private companies/ organizations based on the candidate's capabilities. No placements will be offered in Oil PSUs such as IOCL, BPCL, HPCL, OIL, GAIL, EIL, and Balmer Lawrie.

Undertaking for Skill Training at Skill Development Institute (SDI) Ahmedabad

I, Mr. _____ S/o or D/o or W/o or Guardian of _____
_____ belongs to Address: _____,

hereby voluntarily submitting the undertaking. I am aware of the skill training on Course Name: _____ for _____ months ____/____/____ to ____/____/____ Residential Training at Training Centre: **Skill Development Institute (SDI) Ahmedabad** Location: **ADS Foundation Skill Centre, Jagannath Temple Road, Nr. Shani Temple, Behind Trimandir, Adalaj Crossing, Gandhinagar-382421, Gujarat** by **Aspire Disruptive Skill Foundation**. The training program will be held in residential mode at aforesaid location funded/ supported by Skill Development Society (SDS), Ahmedabad. Aspire Disruptive Skill Foundation (Training Partner/Agency) has shared all the information about training program and benefits at the time of admission.

The training details are as follow:

Course Name: _____

Duration: ____/____/____ to ____/____/____ **Program Type:** Residential Training

Training Centre/Institution Name: **Skill Development Institute (SDI) Ahmedabad**

Supported by: Skill Development Society (SDS), Ahmedabad (A CSR Initiative led by ONGC and Other Oil PSE's)

Training Partner: Aspire Disruptive Skill Foundation, **Training Centre:** ADS Foundation COE, Jagannath Temple Road, Nr Shani Temple, Adalaj Crossing, Gandhinagar – 382421 **Hostel:** Pratappura Meshana Highway, Taluka Kadi, District Mehsana, Near Gujarat Press, Gujarat , PIN-382740

We also declare and confirm that the Training Partner/Supporting/Sponsoring/Mobilization Agency shall not be held responsible in the event of any mishappening/ misfortune/ accident/ personal injuries involving to me. Also I will take full responsibility of any damage to the property/training centre/hostel/equipment or accident/ personal injuries to the other person as a result of my negligent act during the period of the tour/traveling/training.

Candidate Signature: _____ Name of Candidate : _____	Parent/Guardian Signature: _____ Name of Parent/Guardian : _____
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સ્કિલ ડેવલપમેન્ટ ઇન્સ્ટિટ્યૂટ, અમદાવાદ કે અંતર્ગત કૌશલ્ય તાલીમ માટે સોગંધ/બાંહેધરી પત્રક

હું શ્રી/શ્રીમતી _____ શ્રી/શ્રીમતી _____
_____ નો પુત્ર/પુત્રી/પત્ની સરનામું:
_____ હું સ્વેચ્છાએ

બાંહેધરી આપું છું કે મેં કોર્સનું નામ: _____ કે જે _____ મહિના માટે નો છે. જે _____/_____/_____ થી _____/_____/_____ સુધી રેસિડેન્સીઅલ કોર્સ છે. ટ્રેનિંગ સેન્ટર: સ્કિલ ડેવલપમેન્ટ ઇન્સ્ટિટ્યૂટ (એસ.ડી.આઈ.) અમદાવાદ. સરનામું: એ.ડી.એસ. ફાઉન્ડેશન સ્કિલ સેન્ટર, એસ. જી. હાઈવે ની પાસે, શનિ મંદિરની બાજુમાં, અડાલજ ચોકડી, અડાલજ. આ ટ્રેનિંગ પ્રોગ્રામ રેસિડેન્સીઅલ ટ્રેનિંગ પ્રોગ્રામ છે કે જે સ્કિલ ડેવલપમેન્ટ સોસાયટી (એસ.ડી.એસ) અમદાવાદ દ્વારા સ્પોન્સર કરવામાં આવે છે. એસ્પાયર ડિસરપટીવ સ્કિલ ફાઉન્ડેશન (ટ્રેનિંગ પાર્ટનર) દ્વારા એડમિશન વખતે અમને બધી જ માહિતી આપવામાં આવી છે અને એના ફાયદા પણ જણાવવામાં આવ્યા છે.

ટ્રેનિંગ ની માહિતી નીચે મુજબ છે.

કોર્સનું નામ: _____

સમય ગાળો: _____/_____/_____ થી _____/_____/_____ ટ્રેનિંગનો પ્રકાર : રેસિડેન્સીઅલ ટ્રેનિંગ

ટ્રેનિંગ સેન્ટરનું નામ: સ્કિલ ડેવલપમેન્ટ ઇન્સ્ટિટ્યૂટ (એ.ડી.એસ) અમદાવાદ.

સહાયક એજન્સી: સ્કિલ ડેવલપમેન્ટ સોસાયટી અમદાવાદ.(ONGC અને બીજા PSU ના સી.એસ .આર ના ઉપક્રમે)

ટ્રેનિંગ સંસ્થા: એસ્પાયર ડિસરપટીવ સ્કિલ ફાઉન્ડેશન. ટ્રેનિંગ સેન્ટર: એ.ડી.એસ. ફાઉન્ડેશન સ્કિલ સેન્ટર, એસ.જી હાઈવે ની પાસે, શનિ મંદિરની બાજુમાં, અડાલજ ચોકડી, અડાલજ, ગાંધીનગર હોસ્ટેલ: પ્રતાપપુરા ગામ, ગુજરાત પ્રેસની બાજુમાં, મહેસાણા હાઈવે, તાલુકો-કડી, મહેસાણા, ગુજરાત-૩૮૨૭૪૦

હું એ પણ ઘોષણા અને પુષ્ટિ કરું છું કે આ ટ્રેનિંગ પાર્ટનર/મોબિલાઇઝેશન/ સહાયક / પ્રાયોજક એજન્સી મારી સાથે સંકળાયેલા કોઈપણ દુર્ઘટના / અકસ્માત / વ્યક્તિગત ઇજાઓની સ્થિતિમાં જવાબદાર રહેશે નહીં. પ્રવાસ / મુસાફરી / તાલીમના સમયગાળા દરમિયાન જે તે ઇન્સ્ટ્રક્ટર દ્વારા આપેલ સૂચનાનું હું સંપૂર્ણ પાલન કરીશ. પ્રવાસ / મુસાફરી / તાલીમના સમયગાળા દરમિયાન મારા બેદરકારી ભર્યાકૃત્યના પરિણામ ને લીધે અન્ય વ્યક્તિને થતી સંપત્તિ અથવા અકસ્માત/ વ્યક્તિગત ઇજાઓને નુકસાનની સંપૂર્ણ જવાબદારી હું લઈશ.

હું એ બાંહેધરી આપું છું કે ટ્રેનિંગ પાર્ટનર કોઈપણ દુર્ઘટના/અકસ્માત/ ઇજા માટે કોઈપણ રીતે જવાબદાર નથી. હું સંપૂર્ણ પણે એ જવાબદારી સ્વીકારું છું. તાલીમ દરમિયાન સેન્ટર કે હોસ્ટેલની માલ મિલકત ને નુકસાન માટે હું સંપૂર્ણ રીતે જવાબદાર છું.

વિદ્યાર્થી ની સહી: _____	વાલી ની સહી: _____
વિદ્યાર્થી નું નામ : _____	વાલી નું નામ: _____

Student Undertaking for Training, OJT and Employment

(The undertaking may be filled in English or Gujarati, as per the student's convenience)
(આ પ્રતિબદ્ધતા પત્ર વિદ્યાર્થી પોતાની સુવિધા મુજબ અંગ્રેજી અથવા ગુજરાતી ભાષામાં ભરી શકે છે)

I, _____ (Name of Student), hereby declare that I have voluntarily enrolled in the _____ (Course Name) at Skill Development Institute Ahmedabad out of my own interest and with the consent of my parents/guardian.

I confirm that I have read and understood all the rules, regulations, and norms of the institute and agree to abide by them throughout the duration of the training.

I further undertake that:

- I will regularly attend and actively participate in the training program conducted at the institute.
- I am willing to undergo On-the-Job Training (OJT) as arranged by the institute.
- Upon successful completion of the training, I agree to accept suitable job opportunities offered by the institute as per industry standards.

I also confirm that all information related to the training program, OJT, and job opportunities has been clearly explained to me at the time of admission, and I fully understand and agree to the same.

હું, _____ (વિદ્યાર્થીનું નામ), આથી જાહેર કરું છું કે મેં મારી પોતાની ઈચ્છાથી અને મારા માતા-પિતા/વાલીની સંમતિ સાથે સ્કિલ ડેવલપમેન્ટ ઇન્સ્ટિટ્યૂટ, અમદાવાદ ખાતે _____ (કોર્સનું નામ) માં પ્રવેશ લીધો છે.

હું ખાતરી આપું છું કે મેં સંસ્થાના તમામ નિયમો, નિયમાવલીઓ અને ધોરણોને વાંચ્યા છે, સમજ્યા છે અને તાલીમ દરમિયાન તેમનું પાલન કરવા માટે સંમત છું.

હું વધુમાં પ્રતિબદ્ધતા આપું છું કે:

- હું સંસ્થા દ્વારા યોજાતા તાલીમ કાર્યક્રમમાં નિયમિત હાજરી આપી સક્રિય રીતે ભાગ લઈશ.
- હું સંસ્થા દ્વારા આયોજન કરાયેલા On-the-Job Training (OJT) માટે તૈયાર છું.
- તાલીમ સફળતાપૂર્વક પૂર્ણ થયા પછી, હું સંસ્થા દ્વારા ઉદ્યોગ ધોરણ મુજબ આપવામાં આવતી યોગ્ય નોકરીની તક સ્વીકારવા સંમત છું.

હું એ પણ ખાતરી આપું છું કે તાલીમ, OJT અને રોજગાર તકો સંબંધિત તમામ માહિતી મને પ્રવેશ સમયે સ્પષ્ટ રીતે સમજાવવામાં આવી છે અને હું તેને સંપૂર્ણ રીતે સમજું અને સ્વીકારી છે.

Date: _____ Signature of Student: _____

Place: _____ Name of Student: _____

Trainee Pre Enrollment/Admission Counseling Form

Name of Candidate:	Date:
Course Name:	Course Duration:
Father's Name:	Date of Birth:
Caste Category:	Gender: Male ____ Female ____
Trainee Address:	Religion:
Trainee Contact No.:	Father's Contact No.:
Qualification:	Father Occupation:

Note: Identify or mobilize prospective unemployed youth to undergo the required training programmes for employment. (Suitable beneficiaries in accordance with the Scheme guidelines.)

Part-1: FAQs for Trainee - Total 10 Questions. (Total Marks- 65)							Max Marks	Marks Obtain
1. Why you want to join this training program for 3-6 Months? What's your goal after completing the program?							10	
Ans.:								
2. Willing to stay in hostel, during training period?		Yes		No		5		
3. I will you abide by Rules of the Training Centre & Hostel		Yes				5		
4. What do you like to do in future, after course completion?							5	
Business		Job		Further study				
5. Family Details & Source of Family income-:							10	
# Brother		# Sister		# Other Member		Total Member		
Father's work Detail		Mother's work detail		Brother's work Detail		Other Income source, PM		
Occupation	Income/PM	Occupation	Income/PM	Occupation	Income/PM	Source	Income/PM	
6. I'm aware that my job location can be anywhere out of my home town/state							10	
7. I'm aware that I may need to work in any company for 8 Hrs./12 Hrs. shift which requires standing for long hours?							5	
8. Work Experience Details, if any							5	
Company name & Location		Designation	Years Exp.	Salary PM	PF	ESIC		
9. I'm aware that I will undergo On the Job Training (OJT) as a part of skill training as per the companies allotted by SDI-A.							5	
10. I'm aware that I need to work based on the Offer Letter & JD received from the company for at least 3 months.							5	

Part-2:

Part-2 : FAQs for Parent's- Total 5 Questions. (Total Marks-35)		Max Marks	Marks Obtain
1. What do you know about this training program? Why do you want your child to undergo this training?	Ans.	10	
2. Do you agree with rules & regulations and agree to allow your child to follow the same? In case you have any query, please raise them now.	Ans.	5	
3. Your child will be required to stay in hostel for 3-6 months, during the training period, Do you accept & consent to this?	Ans.	5	
4. Will you allow your child to go out of the district or state for Job? Which sector or company would you like your child to be employed in? How much salary do you want your child to earn after training?	Ans.	5	
5. In case of your child drops out of the course or refuses to take up job offered by ADS Foundation, are you willing to refund the expenses incurred for the training of your child ?	Ans.	10	

For official use only (To be Filled by Authorized Person /Principal)						
Total Marks Obtained			Candidate Eligible?		If "NO" Specify the Reason	Date of Admission
Part-1	Part-2	Total	Yes	No		

Trainee Name & Signature	Parent's Name & Signature	Counselor Name & Signature
Name:	Name:	Name:
Signature:	Signature:	Signature:
Left Thumb Impression	Left Thumb Impression	
Date:		

Principal / Head of Institute (Name / Signature)	
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Seal:



**SKILL
DEVELOPMENT
INSTITUTE**
AHMEDABAD



Skill Development Institute Ahmedabad

ADS Foundation CoE, Beside Jagannath Temple,
Adalaj, Gandhinagar-382421, Gujarat
Contact: 70690 85392/ 70690 23718

Email: sdi.admission@gmail.com **Web:** www.sdiahmedabad.in

*This Application Form is for Information and Can be use for Admission at SDI Ahmedabad Only.
Please contact SDI Ahmedabad for more details.*