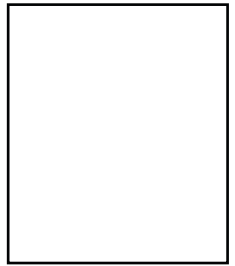




National Council of Vocational Skill and Technical Education

(AN AUTONOMOUS BODY RECOGNIZED BY GOVT. OF INDIA)



S.No.: _____

CANDIDATE ADMISSION FORM

| | | | | |
|---|---|---|---|--|
| Institution VTP Code | | | | |
| Institution's Name | | | | |
| Student's Name | | | | |
| Father's Name | | | | |
| Mother's Name | | | | |
| Date of Birth | <input type="text" value="D"/> <input type="text" value="D"/> | <input type="text" value="M"/> <input type="text" value="M"/> | <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | |
| Sex | Male <input type="checkbox"/> | Female <input type="checkbox"/> | | |
| Permanent Address with Contact No. | | | | |
| Name of the Course and Course Code | | | | |
| Course Duration | <input type="text" value="___"/> Months | <input type="checkbox"/> One Year | <input type="checkbox"/> Two Year I Year | <input type="checkbox"/> Two Year II Year |
| Examination for which Year | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> | | |
| Candidate's Last Qualification | | | | |
| Details of the Documents Enclosed (Only Xerox Copies) | 1. 2. 3. | 4. 5. 6. | | |

DECLARATION BY THE CANDIDATE

I hereby declare that the entries made above are correct and that they have been made in my own handwriting.

VTP Seal and Signature

Signature Of The Candidate

Date: _____

Place: _____

Note: NCVSTE Institute Director or Institute Head are authorized to attest on both student photographs.