



Application Number:

DVoC

COMMUNITY BASED SKILL AND EDUCATION COUNCIL

An Autonomous Body Registered under Ministry of Corporate affairs,
Government of India.
NEW DELHI

An ISO 9001:2015 Certified Institution

Student's Registration FORM

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Registration No.:	Centre Code:
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Academic Year.....

Kindly provide the following details during registration:

1. Name of Program:
2. Name of Participant:
3. Father's Name:
4. Mother's Name:
5. Gender: Male/ Female: Marital Status.....
6. Age and Date of Birth:
7. Category: Gen./SC/ST/OBC/Others (Specify).....
8. Religion:
9. Aadhar No:
10. Employed / Unemployed:
11. If employed Name of the organization:
12. Educational Qualification:
13. Certification (ITI/Diploma, Others if any):
14. Contact number: 12.....
15. Email Id:
16. Address for correspondence:
.....
.....
District.....State.....Pin.....

DECLARATION:

I do hereby declare that the information furnished above is true to the best of my knowledge and belief. If at any time it is found that I have concealed any information, my candidature is liable to be rejected at any stage of the program.

Date: ____/____/____

Signature of the Participant

ENCLOSE COPY OF:

- AADHAR CARD
- CASTE CERTIFICATE
- CV/ RESUME
- SELF ATTESTED COPY OF 10TH, 12TH & ITI /DIPLOMA / MARK SHEETS / CERTIFICATES
- 2 PHOTOS