BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA

NATIONAL VOCATIONAL EDUCATION MISSION
REGISTRATION CUM EXAMINATION APPLICATION

(FILL UP IN CAPITAL LETTERS)

Passport size photograph of the candidate to be affixed

Date:_____

Institution Approval Number	
Institution Name & Full Address with Pin Code	
Student name in English	
Date of birth	
Sex	Male Female
Name of the father (or) guardian	
Permanent address	
Address for communication	
Name of the course	

Course Duration	_ Months	One Year	Two Year I Year	Two Year II Year	Direct II Year

Examination for which year	2 0 □ □	2 0 □ □

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HALL TICKET

Reg. No: _____

Name of the Candidate: _____

Institution Address: _____

_____

Course Name: _____

Duration: _____

Passport size photograph of the candidate to be affixed

Signature of the candidate

Address of School/College in which the candidate last studied	
Name of qualifying examination passed with the Reg. Number of Govt. Mark Sheet and year of passing	
The Board / University from which the candidate passed the qualifying examination	
Details of documents enclosed (Only Xerox Copies)	

(This examination application should be submitted along with the exam fees)

DECLARATION BY THE CANDIDATE

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

Station:

Date: Signature of the Candidate

His/Her application for examination has been accepted and granted as a candidate for examination to the aforesaid course for 20   - 20

Chennai

Date: ……………………..   For Controller of Examinations