

NATIVE COUNCIL OF SKILL VOCATIONAL TRAINING EDUCATION

REG OFFICE - KONDWA PUNE MAHARASHTRA INDIA 411048
ADMIN OFFICE N.H NO 06 NEAR RELAINCE PETROL PUMP JALGAON 425001

ADMISSION FORM CANDIDATE

COURSE NAME _____

PS SIZE
PHOTO

FULL NAME _____

MOTHER'S NAME _____ FATHER/HUSBAD NAME _____

DOB _____ GENDER M/F _____ QUALIFICATION _____

BLOOD GROUP _____ AADHAR CARD NUMBER _____

MOB NO _____ WHATSAPP _____ OTHER _____

ADDRESS _____

DECLARATION

1. Student must attend the classes regularly. 2. Students must be punctual and maintain discipline in lecture and premises. 3. Students failing above terms he or she suspended/dismissed. 4. Students must bring Parents/guardians signature, acknowledging receipt of above. 5. If any complaints from teachers, students will be not allowed in particular lecture. 6. Fees shall be non refundable under any circumstances.

7. All the dues or fees should be clear within bounded period of time.

8. Do you have any medical issues.? If yes please explain. YES / NO

Students Signature : _____ Parents/Guardian Signature: _____

Date: _____

Date: _____