ADMISSION FORM FOR DIRECT ADMISSION TO CERTIFICATE AND DIPLOMA LEVEL COURSE FOR THE ACADEMIC SESSION 2024-25

Form	Nο	
1 01111	110.	

Name	of	the	Training	institute	with	complete	postal	address,	phone	number,	Email	ID	and	Websi	te
------	----	-----	----------	-----------	------	----------	--------	----------	-------	---------	-------	----	-----	-------	----

!!

	_							
∧nnlication	form	f∧r	admission	tο	(nama	∩f	tha	course).
אטטוועמנוטוו	101111	101	aumosion	ιU	ulallic	OI.	เมเซ	Courser.

1	Student's Name		
2	Father's Name		
3	Mother's Name		
4	Date of Birth		(DD/MM/YYYY)
5	Gender		Male Female Transgender
6	nationality		
7	Aadhar Number		
8	Category		Gen OBC SC ST
9	PwD		Yes No No
10	Are you Parent/Siblin	g of PwD	Yes No
11	If yes, mention UDID	number	
11	or UDID enrolment n	umber	
12	Do you belong to EV	VS Category	
	Per	manent Address	Correspondence Address
	Address		
13	Village/City		
	District		
	State		
	Pin Code		
14	Mobile Number:		Email ID:

15. Educational Qualification:

Name of the Examination passes	Board/ University	Year of passing	Total Marks	Marks obtained	% obtained	Subject(s)
10th						
12th						
Any Other						

Declaration

I hereby declare that all the information and documents furnished by me is true and correct to the best of my knowledge and belief. In the event of any information being found incorrect or misleading, my candidates be shall be liable for cancellation for admission by the NBER, RCI or concerned training institutes at any stage.

(Name and Signature of the Applicant)

Note: Self attested copy of caste, educational qualification and UDID (PwD) certificate (if applicable), any other relevant documents to be enclosed along with the application form.

Acknowledgement Slip

Form	no.	

Name of the Training Institute with complete postal address, phone number, Email ID and Website

Received Application from	S/c	o/D/o/W/o
	for admission to	for
the academic session 2024-25.		
Date:	Name and signa	ture of the
Place:	Course Coordina	stor/HoD