

## Registration Form



Denter Name	· Softpro - VZM- parvathipuram
Training Center Address	: parvathipuxam
Course Name/Sector	: F&B-S/Touresm& Haspetalite
Batch Start Date	: 07-02-2019
Batch End Date	: 21-03-2019
Course Duration	: 340hrs
Assessment Date	22-03-2019



	Personal	Details		
First Name:	Gembali	Last Name:	Last Name:	
Gender:	☐ Male ☐ Female	Date of Birth:	Sowndarya a	
Marital Status	☐ Married ☐ Single	Age (Years):	22_	
Mobile Number:	8179718688	Landline Number:		
E-mail ID:		Aadhaar Card / EID No.:	23655120 6241	
	Sowndarya997 @ gmail.com Address	Details		
Curren	t Address	Permanent Address		
Door Number:	0-0	Door Number:		
Street Name:	palakonda road	Street Name:		
Village /City:	Kottavalaca	Village /City: •		
District:	Nizianagaram	District:		
State:	Andhrapradeh	State:		
Pin code:	235501	Pin code:		
	Family	Details		
Family	y Details	Guardia	n's Details	
Fathers' Name:	Narayana Rac	Guardian's Name:		
Mother's Name:	Sarada.	Relationship:		
Father's Occupation:	Business	Occupation:	SNJ98- LIES	
Mother's Occupation:	House wife	Guardian's Contact No. :		
Father's Contact No.:	7095478824		Service and Comp	
Family Income:	50,000	Category:		
Religion:	Hodu	Caste:		
Education Details		Work Experience		
Education Qualification:	10th	Experience in Years:		
Pass out year:	2012	Current Employer:		
Institution:	BSE.	Employer Address:		
% Marks obtained:	48.10	10	ED SOUNDE . PO	

		Pa	yment Details		
Student Nan	ne:				
Course Nam	e:				
Total Fees:		TERM WATER	Agreed Amount:		
Discount Am	ount:	2 0 0	0 2 2 2		
Discount Sur	nmary:	1129-123			
Payment Typ	oe:	EMI Lump sun		Lump sum	
Payment Now:			Next Paym Amount	ent date &	
Receipt No. :			Admission	Admission Date:	
		Docum	ents to be enclosed		
Sl. No.	Documents to	be attached		1	Not Applicable
1	Identity Proof	( DL, Election Card, P	an Card, Ration card		
2	Mark Sheet -	Sheet - Highest Qualification			
3	Address Proo	Address Proof - Pan Card, Ration Card			
4	Employment Letter or proof of Working People			V	THE TOWN SERVE
5	Photocopy of	Photocopy of Receipt Slip			
6	Any other, ple	Any other, please specify			Established the Control of the Contr
		Bank	Account Details		
Account No.	: [				
Branch:		l ru	SC Code		

## Student Declaration:

Disclaimer: "By signing this enrolment form the candidate authorizes National Skill Development Corporation to use the data provided herewith"

Date:

Place:

Signature of the Candidate

Authorized Signatory