



Institution:

% Marks obtained:

Registration Form



	Salt Dra-11+1	m panuarthi pura	h 1897	
Center Name		W) cah		
Fraining Center Address	I SOR A to to	107: Ab Go Harnil		
Jourse Name/Sector	27 00	widm & Hospital		
latch Start Date			The same of the sa	
Batch End Date		-2019	AND THE STREET, SAFETY OF THE STREET, SAFETY	
Course Duration				
Assessment Date	: 23.09.	2019		
	Personal	Details		
First Name:	Gulinalle	Last Name:	manoj kumas	
Gender:	Gulipalle Female	Date of Birth:		
Marital Status	☐ Married ☐ Single	Age (Years):		
Mobile Number:	0681020150	Landline Number:		
E-mail ID:	9581028150 guli palli manaj kuman agmai)	Aadhaar Card / EID No.:	6281164100/3177914	
	· com Address	Details	1 - 31104100/3111/114	
Current Address		Permanent Address		
Door Number:	0.00	Door Number:		
Street Name:	0.00	Street Name:		
Village/City:	Icomporada	Village /City: •		
District:		District:		
State:	Vitianaganan	State:		
Pin code:	Andhea pracesh	Pin code:		
	53552\ Family	Details		
Famil	y Details		n's Details	
Fathers' Name:	1	Guardian's Name:		
Mother's Name:	Darasada Sao	Relationship:		
Father's Occupation:	mangmma.	Occupation:		
Mother's Occupation:	famer	Guardian's Contact No. :		
Father's Contact No.:	thouse wife.	Guardian S Contact 140.		
	9581028150	Cotonorus		
Family Income:	60,000	Category:		
Religion:	Hindu	Caste:	1.	
Education Details		Work Experience		
Education Qualification:	10th	Experience in Years:		
Pass out year:	2015	Current Employer:		

Employer Address:

		P	ayment Details		
Student Nan	ie:				
Course Nam	e:				
Total Fees:		Agreed Amo	Agreed Amount:		
Discount Am	ount:				
Discount Sur	nmary:				
Payment Type: EMI			Lump sum		
Payment Now:			Next Paymen	Next Payment date & Amount	
Receipt No.:			Admission D	Admission Date:	
	4	Docum	nents to be enclosed		
Sl. No.	Documents to	be attached		1	Not Applicable
1/1	Identity Proof	of (DL, Election Card, Pan Card, Ration card)		1	
2	Mark Sheet - H	t - Highest Qualification			
3	Address Proof - Pan Card, Ration Card			1	
4	Employment Letter or proof of Working People				
5	Photocopy of Receipt Slip				
6	Any other, please specify				
		Bank	k Account Details		
Account No.	:				
Branch:		T weeks	IFSC Code		

Student Declaration:

1 G. Many Kumay S/O Dalanada nao declare that all information provide by me is true to best of my knowledge and belief. I hold myself solely responsible if any information is falsely provided or found incorrect.

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

Date: Parvathipenam
Place:
Signature of the candidate

Authorized Signatory