



Registration Form



pxo-VZM-Darrathipuxam Training Center Name Training Center Address Duram. Toursem & Hospitality Course Name/Sector Batch Start Date Batch End Date 340 hrs Course Duration 29-03-2019 Assessment Date Personal Details First Name: Last Name: Beta B Granesh Gender: ☐ Female Date of Birth: Marital Status Married Single Age (Years): 19 Mobile Number: Landline Number: 7093127207 E-mail ID: Andhaar Card / EID No .: ganesh betaggg Andha 229561479563 Current Address Permanent Address Door Number: Door Number: 0-0 Street Name: Street Name: Bc colony Village /City: Village /City: alla buridi District: District: Vizianegaran State: State: Andhrapac Pin code: Pin code: F\$2222 Family Details Family Details Guardian's Details Fathers' Name: Guardian's Name: aghava Mother's Name: Relationship: Father's Occupation: Occupation: Mother's Occupation: Guardian's Contact No.: Father's Contact No.: Family Income: Category: 48,000 Religion: Caste: Hindu **Education Details** Work Experience **Education Qualification:** 10th Experience in Years: Pass out year:

Current Employer:

Employer Address:

2015

RSF

9301

Institution:

% Marks obtained:

		Pa	ayment Details		
tudent Nam	e:				
Course Name	:				
Total Fees:		Agreed Amount		mount:	
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iscount Sun	nmary:				
Payment Type:		EMI	Lump sum		1
Payment Now:			Next Payment date & Amount		
Receipt No. :		THE REAL PROPERTY.	Admission Date:		
10	No. No. 1	Docum	nents to be enclosed	i	
Sl. No.	Documents	to be attached		1	Not Applicable
1	Identity Pro	Identity Proof (DL, Election Card, Pan Card, Ration card)			
2	Mark Sheet - Highest Qualification			~	
3	Address Proof - Pan Card, Ration Card			N	
4	Employment Letter or proof of Working People			~	
5	Photocopy of Receipt Slip			/	
6	Any other, please specify				
	R. L.	Bar	ak Account Details		
Account No.	:	6683 108001 Tallaburid	0123		
				IFSC Code	CNRB 0006683

Student Declaration:

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

Date:

Place: porverthipuren

B Ganesh Signature of the Candidate

Authorized Signatory