



Registration Form



Center Name : Softpro - m - parvathipuram
Training Center Address : parvathipuram
Course Name/Sector : ITR-1 / Pounishm - Hospitality
Batch Start Date : 07-02-2019
Batch End Date : 21-03-2019
Course Duration : 340 hrs
Assessment Date : 22-03-2019



Personal Details			
First Name:	<u>Deluru</u>	Last Name:	<u>Pavan Kumar</u>
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	<u>1/1/</u>
Marital Status	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single	Age (Years):	
Mobile Number:	<u>9885982544</u>	Landline Number:	
E-mail ID:		Aadhaar Card / EID No.:	<u>310755473175</u>
Address Details			
Current Address		Permanent Address	
Door Number:	<u>2-150</u>	Door Number:	
Street Name:	<u>Neechokavalok</u>	Street Name:	
Village / City:	<u>Pippalabade</u>	Village / City:	
District:	<u>Sriyanvalok</u>	District:	
State:	<u>Andhra Pradesh</u>	State:	
Pin code:	<u>52521</u>	Pin code:	
Family Details			
Family Details		Guardian's Details	
Fathers' Name:	<u>Jaganna dhen</u>	Guardian's Name:	
Mother's Name:	<u>Santhi kumar</u>	Relationship:	
Father's Occupation:	<u>farmer</u>	Occupation:	
Mother's Occupation:	<u>house wife</u>	Guardian's Contact No. :	
Father's Contact No. :	<u>9885982544</u>		
Family Income:	<u>60,000</u>	Category:	
Religion:	<u>Hindu</u>	Caste:	
Education Details		Work Experience	
Education Qualification:	<u>10th</u>	Experience in Years:	
Pass out year:	<u>2016</u>	Current Employer:	
Institution:	<u>BTE</u>	Employer Address:	
% Marks obtained:	<u>63</u>		

Payment Details			
Student Name:			
Course Name:			
Total Fees:			
Discount Amount:		Agreed Amount:	
Discount Summary:			
Payment Type:	EMI		Lump sum
Payment Now:		Next Payment date & Amount	
Receipt No. :		Admission Date:	
Documents to be enclosed			
Sl. No.	Documents to be attached		
1	Identity Proof (DL, Election Card, Pan Card, Ration card)	✓	Not Applicable
2	Mark Sheet - Highest Qualification	✓	
3	Address Proof - Pan Card, Ration Card	✓	
4	Employment Letter or proof of Working People	✓	
5	Photocopy of Receipt Slip	✓	
6	Any other, please specify	✓	
Bank Account Details			
Account No. :			
Branch:			
	IFSC Code		

Student Declaration:

I Pavan Kumar S/O Saganedhe 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:

Place:

Pavankumar
Signature of the Candidate

Pavankumar
Authorized Signatory