

Pass out year:

% Marks obtained:

Institution:

2014

DIE

67.8%

Registration Form



Center Name	: Softpro-V7 m-provattipuras				
Fraining Center Address	: parathipunes				
Course Name/Sector	: FEB-31-townsp. Haspite				
Batch Start Date	: 07-62-2019				
Batch End Date	: 01 - 03 - 2019				
Course Duration	: 340 h	Org			
Assessment Date		2-2015			
	Personal	Details			
First Name:	Jami -	Last Name:	Vandana.		
Gender:	☐ Male ☐ Female	Date of Birth:	//		
Marital Status	☐ Married ☐ Single	Age (Years);			
Mobile Number:	7093818343	Landline Number:	8500014461		
E-mail ID:	10.1001.0343	Aadhaar Card / EID No.:	10000119101		
	Address	Details			
Curren	Current Address		Permanent Address		
Door Number:	15-1-46	Door Number:			
Street Name:	naidu storel	Street Name:			
Village /City:	Timum Oliver	Village /City:			
District:	บาริลากล garam	District:			
State:	Andhra praders	State:			
Pin code:	53 550 1	Pin code:			
		Details			
Fami	y Details	Guardian's Details			
Fathers' Name:	Darma eraju.	Guardian's Name:			
Mother's Name:	Aruna	Relationship:			
Father's Occupation:	Farmer	Occupation:	-00		
Mother's Occupation:	House Wife	Guardian's Contact No. ;	1.00		
Father's Contact No. :	7093818343				
Family Income:	68,000	Category:			
Religion:	Hind v	Caste:	OC		
Education Details		Work Experience			
Education Qualification:	10th	Experience in Years:			

Current Employer:

Employer Address:

		Pa	ayment Details		
Student Nam	ie:				
Course Name	e: //			Charles Co.	
Total Fees:		Agreed An	nount:		
Discount Am	ount:				
Discount Sur	nmary:				
Payment Type: EMI			Lump sum		
Payment Now:			Next Payn Amount	nent date &	
Receipt No. :			Admission	Date:	200000000000000000000000000000000000000
		Docum	nents to be enclosed		
Sl. No.	Documents to	Documents to be attached			Not Applicable
1	Identity Proof (DL, Election Card, Pan Card, Ration card)			1)	
2	Mark Sheet - Highest Qualification				
3	Address Proo	Address Proof - Pan Card, Ration Card			
4	Employment Letter or proof of Working People				
5	Photocopy of Receipt Slip			1	
6	Any other, please specify				A TOP A CONTROL OF
		Ban	k Account Details		
Account No.	:				
Branch:		1	IFSC Code		

Student Declaration:

I Jandane S/O Darma Yaju 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:

parvathipuram.

J. Vandane Signature of the Candidate

Authorized Signatory