



Registration Form



ag Center Name	: Soft pro- 12m - parin thipwan
Training Center Address	: Panyathipunas
Course Name/Sector	: FOR & tours in 2 Hospital
Batch Start Date	: 07 - 02 - 2019
Batch End Date	: 21 - 07 - 2019
Course Duration	: 240
Assessment Date	: 27. 03. 2019.

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1		
		Street, Street,

First Name:	Persons	l Details		
	Banka Dalli	Last Name:	Roja.	
Gender:	Male Female	Date of Birth:	12	
Marital Status	☐ Married ☐ Single	Age (Years):		
Mobile Number:	8500444898	Landline Number:		
E-mail ID:	bankopalliroja 998 @g	Aadhaar Card / EID No.:	46738426 4769	
	Address	s Details	120184 + 10	
Curre	nt Address	Permanent Address		
Door Number:	0-0	Door Number:		
Street Name:	N. Mulaga.	Street Name:		
Village/City:	Mulaga	Village /City:		
District:	Vitianagaram	District:		
State:	Andhra pradest.	State:		
Pin code:	536522	Pin code:	-	
	Family	Details		
Famil	y Details	Guardian	ı's Details	
Fathers' Name:	Venta naidu			
Mother's Name:	Dadma	Relationship:		
Father's Occupation:	farmer	Occupation:		
Mother's Occupation:		Guardian's Contact No. :		
Father's Contact No.:	+byse wite 8500 444 893			
Family Income:	69.000	Category:		
Religion:	Hiodu.	Caste:		
Education Details		Work Fx	perience	
Education Qualification:	10th	Work Experience Experience in Years:		
Pass out year:	2019	Current Employer:		
Institution:		Employer Address:	COLOR REVIEW BY	
% Marks obtained:	6.87.	employer Address:	25 71 81	
	1.0.01			

		Pa	ayment Details		
Student Nam	e:				
Course Name	2: 32				
Total Fees:			Agreed Amount:		
Discount Am	ount:				
Discount Sun	nmary:				
Payment Type:		EMI		Lump su	ım
Payment Now:			Next Pay Amount	ment date &	
Receipt No.:			Admissio	n Date:	
		Docum	nents to be enclosed	d	
SI. No.	Documents to	o be attached			Not Applicable
1	Identity Proof	roof (DL, Election Card, Pan Card, Ration card)			
2	Mark Sheet -	k Sheet - Highest Qualification			
3	Address Proo	Address Proof - Pan Card, Ration Card			
4	Employment	Letter or proof of Work			
5	Photocopy of	Receipt Slip			
6	Any other, pl	ease specify			
		Ban	k Account Details		
Account No.	: 39	10010000 47 vathipuran	24		A lit observed Tolerands to
Branch:	Day	u athiowah	,	IFSC Code	BARBRAGIVAT

Student Declaration:

1 B. RoJa S/O Venkata naidh 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:

Date: Place: Parvathipuram.

D. RoJa Signature of the Candidate

Authorized Signatory