



Registration Form



Training Center Name	: Softpro-VZM-panatipuxam
Training Center Address	: paxyattipuxam
Course Name/Sector	: FEB-S/Tourism & Hospitality
Batch Start Date	: 07-02-2019
Batch End Date	21-03-2019
Course Duration	: 340 hrs
Assessment Date	: 22-03-2019



	Persona	l Details		
Plest Name:	Vatti	Last Name:	Chakradhar	
Gender:	Male Female	Date of Birth:	Chakradhara ran	
Marital Status	☐ Married ☑ Single	Age (Years):	21	
Mobile Number:	9160862123	Landline Number:		
E-mail ID;	Chaksadhasaran998	Aadhaar Card / EID No.: 6580 2088 176		
Curron				
Current Address		Permanent Address		
Door Number:	2-98	Door Number:		
Street Name:	Main Yord	Street Name:		
Village/City:	Nichukuvalasa	Village/City: •		
District:	Vizianogovam	District:		
State:	Andhraposdech	State:		
Pin code:	53506	Pin code:		
STERVINE 12	Family	Details		
Family Details		Guardian's Details		
Fathers' Name:	Somanadham	Guardian's Name:		
Mother's Name:	Lakehmi	Relationship:		
Father's Occupation:	Barmer	Occupation:		
Mother's Occupation:	House write	Guardian's Contact No. :		
Father's Contact No.:	9160862123			
Family Income:	50,000	Category:		
Religion:	Hindu	Caste:		
Education Details		Work Experience		
Education Qualification:	10th	Experience in Years:		
Pass out year:	2014	Current Employer:		
Institution:	BSF	Employer Address:		
% Marks obtained:	7504		JE SESSESSES	

		Pa	yment Details		
Student Nam	e:		minicips of		
Course Name	:				
Total Fees: Ag			Agreed Ar	Agreed Amount:	
Discount Am	ount:			W	
Discount Sun	mary:				
Payment Type: EMI			Lump sun	1	
Payment Now:			Next Payr Amount	ment date &	
Receipt No.:			Admissio	n Date:	
		Docun	nents to be enclosed	ì	
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 Pro	Address Proof - Pan Card, Ration Card			
4	Employmen	Employment Letter or proof of Working People			
5	Photocopy of	Photocopy of Receipt Slip			
6	Any other, I	olease specify			
		Ban	k Account Details		
Account No.	: 31	435416237	6		
Branch:		CURUPAM		IFSC Code S8 INDOO 271	

Student Declaration:

I Chalena Chasayao S/O Sama noolham 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: Darvathipuram.

Chalcone dhara enao Signature of the Candidate

Authorized Signatory