



Registration Form



Training Center Name : Softpro - Vtm - parvathipuram
 Training Center Address : parvathipuram
 Course Name/Sector : EGB - 8 tourism & hospital
 Batch Start Date : 07-02-2019
 Batch End Date : 21-03-2019
 Course Duration : 340
 Assessment Date : 23-03-2019



Personal Details			
First Name:	Dutoni	Last Name:	Saikrishna
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	__/__/__
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	Age (Years):	
Mobile Number:	8463998436	Landline Number:	8463998436
E-mail ID:		Aadhaar Card / EID No.:	
Address Details			
Current Address		Permanent Address	
Door Number:	0-00, C-4	Door Number:	
Street Name:	Vijayaarama Raju colony	Street Name:	
Village /City:	Kothavalasa	Village /City:	
District:	parvathipuram	District:	
State:	Andhra Pradesh	State:	
Pin code:	535501	Pin code:	
Family Details			
Family Details		Guardian's Details	
Fathers' Name:	Appayya	Guardian's Name:	
Mother's Name:	Nirmala	Relationship:	
Father's Occupation:	farmer	Occupation:	
Mother's Occupation:	Housewife	Guardian's Contact No. :	
Father's Contact No. :	8463998436		
Family Income:	68,000	Category:	
Religion:	Hindu	Caste:	
Education Details		Work Experience	
Education Qualification:	10th	Experience in Years:	
Pass out year:	2015	Current Employer:	
Institution:	BEE	Employer Address:	
% Marks obtained:	63		

Payment Details			
Student Name:			
Course Name:			
Total Fees:		Agreed Amount:	
Discount 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	✓	Not Applicable
1	Identity Proof (DL, Election Card, Pan Card, Ration card)	✓	
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. :	39100100003030		
Branch:	Parvathipuram	IFSC Code	BARB0PARVAT

Student Declaration:

I D. Sai Kiran s/o Appayya 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: Parvathipuram

Place:

Sai Kiran
Signature of the Candidate

Authorized Signatory

