

# ALL INDIA SWAMI VIVEKANANDA MISSION

## (BOARD OF CULTURAL EDUCATION & BOARD OF COMPUTER EDUCATION)

### VOCATIONAL EDUCATION

REGISTERED UNDER THE PUBLIC CHARITABLE TRUST ACT, (GOVT. OF INDIA), REGISTRATION NO- IV-07891/14,  
UNDER THE NITI AAYOG, (GOVT. OF INDIA), UNDER THE MINISTRY OF CULTURE (GOVT. OF INDIA),  
TRAINING PARTNER OF PMKVY (UNDER NSDC) GOVT. OF INDIA, TRAINING PARTNER OF PBSDD (GOVT. OF WEST BENGAL)  
TRAINING PROVIDER OF DIRECTORATE OF EMPLOYMENT, LABOUR DEPARTMENT (GOVT. OF WEST BENGAL) 2019  
MURALIBAR, BAGANAN, HOWRAH, W.B., PIN - 711303

REGISTRATION  
FORM



NAME OF THE STUDENT  
( IN BLOCK LETTERS ) .....

FATHER'S NAME .....

ADDRESS: P.O. .... P.S. ....

PIN ..... CONTACT NO. .... EMAIL ID .....

MOTHER TONGUE ..... NATIONALITY ..... GENDER .....

SUBJECT ..... NAME OF THE COURSE .....

EDUCATIONAL QUALIFICATION ..... DATE OF BIRTH .....

DURATION ..... STUDY CENTRE CODE NO. ....

NAME OF THE STUDY CENTRE .....

**DECLARATION BY THE STUDENT:** IF ANY OF THE STATEMENTS MENTIONED ABOVE IS PROVED TO BE FALSE, MY APPLICATION FOR REGISTRATION WILL BE LIABLE TO BE CANCELLED. I MUST ABIDE BY ALL THE RULES AND REGULATIONS OF THE BOARD.

DATE :

SIGNATURE OF THE STUDENT

**DECLARATION BY THE CENTRE-IN-CHARGE :** I HEREBY DECLARE THAT THE APPLICANT IS A STUDENT FIT FOR THE AFORESAID EXAMINATION. I HAVE THOROUGHLY EXAMINED THE APPLICATION FORM, DULY FILLED IN BY THE STUDENT.

DATE :

SIGNATURE OF THE CENTRE-IN-CHARGE (WITH SEAL)