कौशल्या कौशल विकास केंद्र

KAUSHALYA SKILL DEVELOPMENT CENTRE

(सूक्ष्म लघु और मध्यम उद्यम मंत्रालय पंजीकृत)

Ministry Of Micro Small And Medium Enterprises Registered (UAM NO. UP28D0033375)

Admission-Cum-Examination Form
प्रवेश-सह-परीक्षा फाम

Form No.

Use Capital Letter and Blue Pen Only

Paste your recent Passport / Stamp Size Photograph

Center Code																					

CHOICE FOR THE COURSE:			
COURSE DURATION:		**MEDIUM H/E**	
Examination Centre Name			

(Write one Centre only)

Name of the Applicant *(IN CAPITAL LETTERS)*

Father's Name *(IN CAPITAL LETTERS)*

Mother's Name *(IN CAPITAL LETTERS)*

Address for Correspondence with Post Office, District, Tehsil, State & Pin Code. (Do Not Repeat Name & Father Name)

PIN CODE **Sex : Male** **Female** **Date of Birth** DD MM YYYY

Phone / Cell

Mob I:-

Mob II:-

Phone/ Cell (Residence)

Phone I:-

Phone II:-

Email .

Permanent Address with Post Office, District, Tehsil, State & Pin Code. (Do Not Repeat Name & Father Name)

PIN CODE

Details of Full Fee Paid : Rs. .....by Bank Draft No. .....Dated .....

Drawn on .....Bank Name.....

Particulars of Qualifying Examination from High School on-wards :

Examination	Board/University	Year	Marks Obtained (%)	Subject