

VIVEKANANDA INSTITUTE OF PARAMEDICAL & VOCATIONAL TRAINING



[Run By : Alam Educational And Social Welfare Foundation]

An Autonomous Institute Registered Under the Trust Act of 1882

Registered Under Ministry of Skill Development and Entrepreneurship, Govt. of India

AN ISO 9001:2008 Certified Organization

APPLICATION FORM

Session : 20____ - 20____

Date of Apply : ____ / ____ / ____

Centre Code :

Photograph of Applicant

1. Name of the Applicant (Mr./Ms.)

(Write your full name as mentioned
in your Secondary Certificate)

2. Father's Name

3. Mother's Name

4. Date of Birth

5. Sex (✓)

6. Nationality

7. Father's Occupation

8. Address for Correspondence

Pin Code

City

State

8. Permanent Address

Pin Code

City

State

☐ Tick right (✓) If your permanent address is same as correspondence address.

10. Contact No./Whatsapp No. (Applicant)

11. Contact No.(Parent/Guardian)

12. E-mail Id

13. Centre Name

14. Course Name

15. Course Code

16. Category (✓)

☐ General ☐ OBC ☐ SC ☐ ST ☐ SBC ☐ Other

Signature of Applicant

18. Detail of Higher Examinations

Name of Examination	Board	Subject	Year of Passing	Percentage

Declaration

We _____ (Candidate) _____ (Parent/Guardian) hereby declare that the entries made in this form are true and correct. We have carefully read all terms and conditions, rules and regulations as stipulated in the prospectus and shall abide by the same. We also undertake that we will not discontinue the course in any circumstances before the completion of the course, however, if this happens due to any un-avoidable/unforeseen circumstances, we shall be liable to pay the fees of full course duration remaining to be completed. We also undertake not to claim any refunds of tuition fee or any other funds deposits. We undertake not to indulge into any legal proceeding.

Place

Signature of Applicant

Signature of Parent / Guardian

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Date

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Sign within the box without touching the edges

Father/Mother/Guardian's Undertaking

1. My Son/Daughter/ward (Student Name) is seeking admission with my consent and in the event of his/her being admitted in this Institute. I will be personally responsible for His/her good conduct and behaviour during the education at the Institute.
2. Return of books issued to him/her by the Institute.
3. Any other liability related to his/her education at the Institution.

Further, I also agree that he/she shall abide by the rules of discipline of his/her centre as administered by the Authorities of the Institute.

Note: Admission is purely on temporary basis, subject to confirmation by the VIPVT.

Place	Date	<u>Admission Coordinator</u> <u>With Seal</u>

All pages & Documents are necessary to be signed by the student.