



BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA
NATIONAL VOCATIONAL EDUCATION MISSION
REGISTRATION CUM EXAMINATION APPLICATION
(FILL UP IN CAPITAL LETTERS)

Passport size
photograph of the
candidate to be
affixed and attested
here

Date: _____

Institution Approval Number	
Institution Name & Full Address with Pin Code	
Student name in English	
Date of birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of the father (or) guardian	
Permanent address	
Address for communication	
Name of the course	
Course Duration	<input type="text"/> _ Months <input type="checkbox"/> One Year <input type="checkbox"/> Two Year I Year <input type="checkbox"/> Two Year II Year <input type="checkbox"/> Direct II Year
Examination for which year	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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HALL TICKET

Reg. No: _____

Name of the Candidate: _____
Institution Address: _____

Course Name: _____
Duration: _____

Passport size
photograph of the
candidate to be
affixed and attested
here

Signature of the candidate