



SWAMI VIVEKANANDA YOUTH SHIKSHA PARSHAD

A national Programme of Information Technology and Skill Developments Education
(An Autonomous Institution Registered Under Society and Public Trust Act Govt. of India, N.C.T. New Delhi)

An ISO 9001 : 2015 Certified Organization

Helpline : 8648010660 , ASC Mob No :

Website : svysp.in, E-mail : svysp.info@gmail.com

REGISTRATION FORM

Fill the form in BLOCK CAPITAL LETTERS (English) using BLUE/BLACK ink only

ASC Code

SVYSP

Course Code

Course Duration

Course Name

PHOTO

Signature of the Candidate

1. FULL NAME (As per Certificate)

2. Father's / Husband's Name (As per Certificate)

3. Present Address

PIN

STATE

4. Mobile No.

5. E- Mail ID

6. Date of Birth

7. Category :

General

OBC

SC

ST

Ph.D.

8. Religion

9. Marital Status:

Single

Married

Divorced

10. SEX

Male

Female

11. Mode of Payment :

Cash

Cheque

Installment

One time Pay

13. Detail of Educational Qualification

12. Aadhar No.

Last Examination Passed	Year	Board / University / School / College	% of Mark

DECLARATION BY THE APPLICANT

I have read all the rules and regulations of the institute and admission to the course applied for I declare that the above information is true and correct to my knowledge and belief and I fully understand that My admission will be cancelled if any information by me is found to be false or incorrect.

Place : _____

Date : _____

Signature of Applicant: _____

Enclosure : 2 Copy Passport Size Photo, Xerox copy of Age proof, Last Qualification, Aadhar Card & Cast Certificate

ASC OFFICE USE ONLY

HEAD OFFICE USE ONLY

Form Number :

Receiving Date

Registration No.

Registration No.

Authorised Signature

Seal

Authorised Signature

Seal