STATE COUNCIL FOR VOCATIONAL EDUCATION

An Autonomous body Reg. by Govt. of Assam Based on Central Govt. Act

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Examination form for all Courses

Study Centre Name : ……

Centre Code : ……

Student's Regd. No. : ……

Title of Exam : ……

Exam Month : ……

Photo

1. Name of Applicant :

2. Father's Name :

3. Mother's Name :

4. (a) Date of Birth : DD/MM/YYYY (b) Sex : Male / Female (c) Mobile : 9876543210

5. Declaration :
   I _____ C/o. _____ do hereby solemnly affirm and declare that : Information in this form is correct to the best of my knowledge and belief and nothing has been concealed by me.

Signature of the Candidate

---------- Approval ----------

Sri / Smt :…….....

Is eligible for exam the Course of …… under State Council for Vocational Education.

Signature and Centre Seal

Date :