

6. (a) Date of Birth : DD/MM/YYYY (b) Sex : Male / Female (c) Cast : ST/SC/OBC/GEN
 (d) Mobile No. : 9876543210 (e) E-mail : scve@gmail.com

7. Educational Qualification :

Education	Board / Council / College / University	Percentage (%)	Passing Year
Class X (10)			
Class XII / 10+2			
Graduation / UG			
Master / PG			
Technical			
Others			

8. 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 :

S/o, D/o, W/o. :

Address :

Is eligible to get registration for the Course of under
 State Council for Vocational Education.

Signature and Centre Seal

Name :

Date :