



STATE ACADEMY

State Academy Council of Vocational Training Center and Educational Department Institute
Run By: State Academy of Vocational and Education Society Chhattisgarh

Roll no.

ADMISSION FORM

Application form for the session

MM YYYY to MM YYYY

(Use Capital Letter's)

A. Application Detail'

- Course Name:
- Medium: Hindi () English ()
- Name Of The Student's:
- Father's /Husband Name:
- Mother's Name:
- Date Of Birth:
- Aadhar Card No.:
- Gender: Male Female Country
- Mobile No Whatsapp No.
- Gmail:

B. Permanent Address Information

Address: City:
Dist.: Block:
State: Pin Code

C. Academic Qualifications

S.NO	Examination	Board/University	Subject	Passing Year	Percentage

D. Details of Fees :

Total fees	1 st Installment	2 nd Installment	Exam fees

I Here By Declare That The Particulars Furnished Above Are True To The Best Of My Knowledge And Belief.
I Have Read The Rules And Regulations. I Hereby Promise To Abide By Them.

Admission Date

Signature of Student.....

FOR OFFICE USE ONLY

Form No.:.....

Receipt NO.:.....Date..... Admission in-charge.....Signature of Director.....