A National Programme of Skill Development

NATIONAL INSTITUTE FOR SKILL DEVELOPMENT MISSION

एन आई एस डी एम NISDM ISO 9001 : 2008

An Autonomous Institute Registered Under the Public Trust, Govt-Act.
An ISO 9001-2008 Certified Organisation

REGISTRATION FORM

Space for Photograph
Paste one recent passport size photograph
Please do not Pin or Stable

Signature

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

TC CODE | TC NAME

Course Name | Course Code

1. Full Name of the Applicant (as per certificate)

2. Father's Name (as per certificate)

3. Mother's Name (as per certificate)

4. Complite Address for Correspondence to (do not repeat name)

City / District | State | Pin Code | Telephone Number with STD Code

Mobile No. | E-mail ID :

5. Category ST SC Handicapped Other 6. Date of Birth D D M M Y Y Y Y 7. Sex Male Female

8. Details of Qualifying Examination

	Name of Board/ University	Total Marks	Year of Passing	% Obtained
SSC/10th				
Inter/12th				
Degree				
Others				

DECLARATION BY THE APPLICANT

I have read all the rules and regulation 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 stand cancelled if any information by me is found to be false or twisted.

Place :
Date :

Signature of Applicant

FOR HO OFFICE USE ONLY

Form Receiving Date

Enrollment No.

Authorised Signature