



# VCVRT EDUCATIONAL COUNCIL

AN AUTONOMOUS BODY APPROVED BY GOVT OF INDIA NEW DELHI  
CENTRAL OFFICE

Course Code

Application for Registration Cum Examination

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Enrolment No. :	
Name of the Course :	
Community College Address with Code :	
Examination for which year :	

Course Duration :	___ Months	One Year	Two Year 1 <sup>st</sup> Year	Two Year 2 <sup>nd</sup> Year	2 1/2 Year 1 <sup>st</sup> Year	2 1/2 Year 2 <sup>nd</sup> Year
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Address : .....

..... Pin Code 

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1. NAME OF THE APPLICANT (IN BLOCK LETTERS)	In Tamil :
	In English :
2. Name of the Father	In Tamil :
	In English :
3. Name of the Mother	In Tamil :
	In English :
4. Date of Birth	5. Male / Female / Transgender
6. Community	OC / BC / MBC / SC / ST
7. Nationality	
8. Previously studied.	
9. Qualifying Examinations	

Examination Passed	Reg. No.	Year of Passing	Subject	Percentage of Marks	Name of the University / Board

9. Enclosures attached Xerox Only

VCVRT EDUCATIONAL COUNCIL



Application for Registration Cum Examination

Enrollment No. : \_\_\_\_\_

Name of the Course : \_\_\_\_\_

10. Fees : Paid  Unpaid

11. This Registration Cum Examination Application should be Submitted along with the fees.

**DECLARATION BY THE CANDIDATE**

I hereby declare that the particulars given above are correct and that I will, If admitted, abide by the rules and regulations of the VCVRT Educational Council.

Station : \_\_\_\_\_

Date : \_\_\_\_\_ Signature of the Candidate \_\_\_\_\_

For Information Centre :

All the originals mentioned above are verified carefully and returned to the student. It is also certified that the genuinity of the Original Certificates are verified by me. Xerox Copies of the originals including Qualifying Certificate and Transfer Certificate are verified and signed by me. The Student has been instructed to produce the originals whenever demanded by the VCVRT. The Community College / Institution / Centre is responsible for any lapse in this regard.

Signature of the Principal with seal

**For VCVRT Office use only :**

The Applicant is admitted provisionally to the First / Second year of the \_\_\_\_\_

Course in the Academic Year / Calendar Year \_\_\_\_\_

Verified on \_\_\_\_\_ ID CARD Issued On \_\_\_\_\_

Certificate Issuing Status Ok  Not Ok

Certificate Issued On \_\_\_\_\_ Certificate Despatched On \_\_\_\_\_

C IA	Supdt. / Sr. Supdt.	D C	Director
Remarks if any			