



वीसीवीआरटी एजुकेशनल काउन्सिल
VCVRT EDUCATIONAL COUNCIL

App.No: **731**

APPLICATION FOR ADMISSION

NAME OF THE COURSE :

1. Student Name :

2. Father Name :

3. Sex : Male Female

4. Date of Birth :

5. Community :

6. Address for Communication :

7. Mobile No :

8. Whether you need Hostel : Yes No

9. Educational
Qualification Details

S.No	Education Details	Institution Address	Year of Passing

Passport size
photograph of
the candidate to
be affixed and
attested here

10. Declaration

I.....declare that the information given
above are true to the best of my knowledge and assure that I shall abide by the rules & regulations
of the College.

Signature of the Parent

Signature of the Student

Date :

For Office Use Only

Student Name :

Course :

Duration :