VCVRT

वीसीवीआरटी एजुकेशनल काउन्सिल

VITAL COUNCIL OF VOCATIONAL AND RESEARCH TRAINING

CENTRAL OFFICE CUDDALORE - 607001

CO ORDINATOR APPROVAL FORM

STUDENT NAME

FATHER NAME

DATE OF BIRTH

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

AGE :_____

EDUCATIONAL QUALIFICATION :_____

TYPE :STATE_____REGIONAL_____DISTRICT_____SKILL_____

COMMUNICATION ADDRESS : _____

_____

_____

LAND LINE NO : _____

MOBILE NO : _____

E-MAIL : _____

SIGNATURE : _____

THE FOLLOWING DOCUMENTS TO BE ENCLOSED

1. XEROX COPY OF EDUCATIONAL CERTIFICATE
2. ID PROOF XEROX
3. ADDRESS PROOF XEROX
4. BANK CHALLAN XEROX