



VCVRT EDUCATIONAL COUNCIL

An Autonomous Body Approved by Govt of India New Delhi

CENTRAL OFFICE

Application for Registration Cum Examination

Course Code:

--	--	--	--	--	--	--	--

Name of the Course:														
Community College Address with Code:														
Accademic year : Examination for which year :														
Course Duration:	___Months	One Year	TwoYear 1 st Year	TwoYear 2 nd Year	2 ^{1/2} Year 1 st Year	2 ^{1/2} YEAR 2 nd YEAR								
Address:														
PinCode							<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>							
1.NAME OF THE APPLICANT (IN BLOCK LETTERS)		Tamil:			English:									
2.Name of the Father														
3.Name of the Mother														
4.Date of Birth														
5. Gender		5. Male / Female / Transgender												
6.Community		OC / BC / MBC / SC / ST												
7.Nationality														
8.Previously studied.		Below 8 th	8 th	10 th	+2	Degree								
9.Qualifying Examinations.		Below 8 th	8 th	10 th	+2	Degree								
10.Aadhaar Number :														
11.Cell Number :														

12. Enclosures attached Xerox only	
1. TC Xerox Attached	Yes ☐ No ☐
2. Mark Sheet Xerox Attached	Yes ☐ No ☐
3. Aadhaar Card Xerox Attached	Yes ☐ No ☐
13. Attendance above 80% ☐ Below 80% ☐	
<u>DECLARATION BY THE CANDIDATE</u>	
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	
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 provide the originals whenever demanded by the VCVRT. The Community College / Institution / Centre is responsible for any lapse in this regard. I declare that this student having 80% attendance in this year.	
Signature of the Principal with seal	
<u>For VCVRT Office use only:</u>	
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 / A	Supdt. / Sr. Supdt.
DC	Director
Remarks if any _____	