



BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA

NATIONAL VOCATIONAL EDUCATION MISSION REGISTRATION CUM EXAMINATION APPLICATION

(FILL UP IN CAPITAL LETTERS)

Passport size
photograph of the
candidate to be
affixed

Date: _____

Institution Approval Number					
Institution Name & Full Address with Pin Code					
Student name in English					
Date of birth					
Sex	☐ Male	☐ Female			
Name of the father (or) guardian					
Permanent address					
Address for communication					
Name of the course					
Course Duration	_ Months	☐ One Year	☐ Two Year I Year	☐ Two Year II Year	☐ Direct II Year
Examination for which year	2 0	2 0			



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HALL TICKET

Reg. No: _____

Name of the Candidate: _____

Institution Address: _____

Course Name: _____

Duration: _____

Passport size
photograph of the
candidate to be
affixed

Signature of the candidate

Address of School/College in which the candidate last studied	
Name of qualifying examination passed with the Reg. Number of Govt. Mark Sheet and year of passing	
The Board / University from which the candidate passed the qualifying examination	
Details of documents enclosed (Only Xerox Copies)	

(This examination application should be submitted along with the exam fees)

DECLARATION BY THE CANDIDATE

I here by declare that the entries made above are correct and that they have been made in my own handwriting.

Station:

Date:

Signature of the Candidate

Note: University affiliated College Principal (or) BSS Institute Director (or) Institute Head are authorized to attest on the both student Photographs.

His/Her application for examination has been accepted and granted as a candidate for examination to the aforesaid course for 20 - 20

Chennai

Date:

For Controller of Examinations