



NATIONAL FILM DEVELOPMENT CORPORATION

and
BHARAT SEVAK SAMAJ

National Development Agency

established by Planning Commission, Govt. of India



Passport size
photograph of the
candidate to be
affixed and attested
by Head of the
Institution / Principal

SKILL DEVELOPMENT VOCATIONAL TRAINING PROGRAMME

APPLICATION FOR ADMISSION

1. Name of the Candidate	:	_____
2. Expansion of Initial	:	_____
4. Date of Birth	:	_____
5. Gender	:	_____
14. Mobile	:	_____
15. email ID	:	_____
16. Contact Address	:	_____ _____ _____
17. Permanent Address	:	_____ _____ _____

Details regarding the Transfer Certificate

1. Name of the Institution	:	_____
2. Name of the Course	:	_____
3. TC Number	:	_____
4. Date of Issuing TC	:	_____

Details regarding the Qualification

1. Name of the Institution	:	_____
2. Name of the Course	:	_____
3. Register Number	:	_____
4. Month & Year of passing	:	_____
5. Name of the University /Board	:	_____

Details regarding the qualified mark

1. Marks secured : _____
2. Remarks (regarding the parts) : _____

3. Total Marks secured : _____
4. Maximum marks : _____

Details regarding the Courses Attended

Course	Reg. No.	Year of Passing	Subject	Name of institution Private Registration Distance Education	Passed/ Failed/ Incomplete	Name of University/ Board

What is stated above is true to the best of my knowledge, information and belief.

Place : _____

Date : _____

Signature of the candidate



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APPLICATION FOR REGISTRATION CUM EXAMINATION
(FILL UP IN CAPITAL LETTER)

Date :

Institute Code : _____

Institute Name & Address : _____

Student Name in English : _____

Date of Birth & Gender : _____

Male

Female

Name of the Father (or) Guardian : _____

Permanent Address : _____

Address for Communication : _____

Name of the Course : _____

Course Duration : Months One Year Two Year Three Year

Examination for which year : _____



NATIONAL FILM DEVELOPMENT CORPORATION AND BHARAT SEVAK SAMAJ
SKILL DEVELOPMENT VOCATIONAL TRAINING PROGRAMME
HALL TICKET



Institute Code _____ Reg.No. _____

Institute Name & Address : _____

Name of the Candidate : _____

Student Address : _____

Course Name : _____

Duration : _____

Signature of the Candidate :

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Address of School/College : _____
in which the candidate last studied _____

Name of qualifying examination passed : _____
With the Reg.No.of Mark Sheet _____
And year of passing _____

The Board/University from which the : _____
Candidate passed the qualifying _____
examination _____

Details of document enclosed : _____
(only Xerox copies) _____

DECLARATION BY THE CANDIDATE

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

Station :

Date :

Signature of the Candidate

Note : National Film Development Corporation (or) BSS Institute Director(or) Institute Head are authorized to attest on both the student photographs.



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

Date :

For Controller of Examinations