



	Form I							
Center Name:					Please paste your recent passport size photograph here (3.5 cm x 3.5cm)			
Instructions								
Please keep a photocoPlease inform the Adm	py of the form, before ission Office at your c	submitting enter in cas	out the relevant details. Incomplet , as a ready reference. se of any changes in the correspon ng for more than one program is at	dence address or tele	phone number.			
Course Name (Please	e write the cours	es applyi	ing for)					
1. 2.								
Personal Information	1							
Date of Birth: (DD / MM / YY		Gende	r (Tick as applicable) Male Female		(Tick as applicable) Single Married			
Permanent Address								
Address:								
City/Town/District:			State:	Pin:				
Phone:	STD Code		Number (Mandatory)	Mobile:				
Primary Email ID:			Emergency	Contact Number:				
Correspondence Address (If different from Permanent Address)								
Address:								
City/Town/District:			State:	Pin:				
Phone:	STD Code		Number (Mandatory)	Mobile:				

Academic and (Other Records									
Last Examinatio Passed	n Marks (%	6)* Yea	r St	ream	Institution	Board				
Class VIII										
Class X										
Class XII										
Others (Please specify)										
Extra-curricular Activities (if any):										
· Please attach all mark sheets and certificates										
Declaration										
and that Skill Ventures Pvt. Ltd. reserves the right to change/modify the information, rules and regulations from time to time and I agree to abide by the same. I agree to pay the fee as per the schedule of fee payment stipulated. I understand that in case I withdraw from the program, for reasons whatsoever, I will not be entitled to claim any refund of amount paid to Skill Ventures Pvt. Ltd. I hereby declare that the information provided by me in the application is true and correct to the best of my knowledge. By submitting this application I certify that I have read, understood and agree to the academic content, rules and regulations and my financial responsibilities.										
Place: Date:										
Applicant's Sig										
Guardian's Sig	nature:									
For Office Use Only										
Mode of Payment										
☐ Full Payment ☐ Installment Scheme ☐ Monthly fee scheme (if applicable)										
Student Registration No:										
	Admission Fee / Full Payment	2 nd / Final Installment	3 rd / Final Installment		Installment Paymen	t Details				
				Admission Fe	ee 2 nd	Final				
Receipt No.										

Receipt Date