

INSTITUTE OF CENTRAL SKILL DEVELOPMENT AND EDUCATION

(An Autonomous Body Registered Under Govt. of India)

Website:- www.icsde.org.in

STUDENT ADMISSION FORM

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1. Course Details

Course Name: _____

Course Code: _____

Session: _____

Center Code: _____

2. Personal Details (Use Block Letters)

Name of Candidate:

Father's / Guardian's Name:

Mother's Name:

Date of Birth: _____ (DD/MM/YYYY)

Gender: ☐ Male ☐ Female

Nationality: _____

Category: ☐ Gen ☐ SC ☐ ST ☐ OBC

Aadhar Card Number: _____

3. Contact Details

Permanent Address:

State: _____

Pin Code: _____

Mobile No.: _____

Email ID: _____

4. Academic Qualifications

Exam Passed	Board / University	Year	Subject / Stream	% / Grade
10th (High School)				
12th (Intermediate)				
Graduation				
Others				

5. Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I agree to abide

by the rules and regulations of the Indian Council of Skill Development and Education. I understand that my admission is liable to be cancelled if any information is found to be incorrect.

Date

Signature of Guardian

Signature of Student

FOR OFFICE USE ONLY

Form Status: ☐ Accepted ☐ Rejected

Admission Date: _____ **Enrollment No.:** _____

Authorized Signatory: _____