



INDIAN COUNCIL OF SKILL DEVELOPMENT & EDUCATION

## ***Sahasra Vocational Training Institute***

### **Admission Form**

Website: <https://icsde.org.in/sahasraeducationalinstitutions>

Email: [Sahasra.vocational@gmail.com](mailto:Sahasra.vocational@gmail.com)

**Instructions:** Please fill out the form in **BLOCK LETTERS**. Attach all required documents listed at the end of this form.

#### **1. Personal Information**

Full Name	
Date of Birth	____ / ____ / ____ (DD/MM/YYYY)
Gender	[ <input type="checkbox"/> ] Male [ <input type="checkbox"/> ] Female [ <input type="checkbox"/> ] Other
Aadhar Number	
Category	[ <input type="checkbox"/> ] General [ <input type="checkbox"/> ] OBC [ <input type="checkbox"/> ] SC [ <input type="checkbox"/> ] ST

#### **2. Contact Details**

- Permanent Address: \_\_\_\_\_
- City/Town: \_\_\_\_\_ State: \_\_\_\_\_ PIN: \_\_\_\_\_
- Mobile Number: +91 - \_\_\_\_\_
- Email ID: \_\_\_\_\_

#### **3. Program Selection**

Write Course Name you are applying for:

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#### 4. Educational Background

Examination Passed	Board / University	Year of Passing	Percentage (%)
8 <sup>th</sup> ( or ) Study			
SSC (10th)			
Intermediate (12th)			
Graduation (if any)			

#### 5. Document Checklist

Please ensure you attach the following (Self-Attested):

1. [       ] Passport size photographs (1 copies)
2. [       ] Copy of Aadhar Card
3. [       ] 10th Standard Mark Sheet & Certificate
4. [       ] 12th Standard Mark Sheet & Certificate
5. [       ] If Any Other \_\_\_\_\_

#### 6. Declaration

I, \_\_\_\_\_, hereby declare that the information provided is true to the best of my knowledge. I agree to abide by the rules and regulations of **Sahasra Vocational Training Institute.**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place: \_\_\_\_\_

**SAHASRA**  
\_\_\_\_\_  
(Signature of Applicant)

