



INDIAN COUNCIL OF SKILL DEVELOPMENT & EDUCATION

Sahasra Vocational Training Institute

Admission Form

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

Email: 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 th (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)

