



NATIONAL BOARD OF VOCATIONAL AND PROFESSIONAL EDUCATION (UNDER AEGIS OF SHARON MEDICAL ADVANCEMENT AND RELIEF TRUST(SMART))

*REGD. BY GOVT. OF AP, UNDER THE INDIAN TRUST RN ACT 1908, NO.BKIV287/2006, DT.31-05-2006.

*REGD BY GOVT OF INDIA UNDER NITI AAYOG. NGO DARPARA UNIQUEID.AP/2020/0256229,DT.03-02-2023.

REGISTERED WITH THE MINISTRY OF MSME GOVT. OF INDIA, UDYAM R.NO.UDYAM-AP-23-0028517,DT.10-09-2024.

*REGD BY GOVT. OF AP. UNDER LABOUR DEPT.ACT.2015, SECTION.2(D)&4(2). NO.AP-23-11-017-04042845, DT.19-08-2025.

REGISTERED WITH THE DEPARTMENT OF INCOME TAX, PAN.NO.AAZTS2375K AND TAN.NO.VPNS24395A, DT.16-02-2023.

REGD.BY MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT GOVT.OF INDIA UNDER E-ANUDDAN.NGO.ID- AP/00032249, GOVT OF INDIA

REGD. BY THE MINISTRY OF LABOUR AND EMPLOYMENT GOVT.OF INDIA UNDER NATIONAL CAREER SERVICES.ID-NO.P20J86-0121453252680

ADMISSION CUM EXAMINATION FORM

Examination Session:

Regular **DDL**

Roll No:

Centre Name :

Enrollment No :

**Paste Your
Recent Color
Photo with Self-
Attestation.
Don't Pin or
Stapled**

1. Name of the course :

2. Student Name (in Block Letter) :

3. Father's Name :

4. Address for Communication (in Block Letters):

Pin Code : **Phone No:**

Email ID :

5. (a) Date of Birth : **(b) Age :** **(c) Sex:** **M** **F**

(d) Nationality : **(e) Mother Tongue:**

6. Previous Academic Qualification:

S.No	Examination Passed	Board / University	Reg.No / Year of Passing	Marks Obtained	% of Marks	Medium

7. Subjects taken in Certificate / Diploma / PG. Diploma / Management Course:

1. 2. 3.

4. 5. 6.

7. 8. 9.

8. Employment Record

(a) **Designation :**

(b) **Company Name & Address with Phone No :**

(c) **Period of Employment :**

9. Mention how you came to know NBVPE (Newspapers/Website/Brochures)

Student of NBVPE

New Paper Ads

Handbills

Facilities of NBVPE

Wall Poster

Poster

10. Details about payment of fee

(a) **Amount Rs.** :

(b) **Name of the Bank :**

(c) **D.D. No. & Date** :

11. I declare that the particulars given above are correct and that I will, if admitted, abide by the rules & regulations of TCODL.

12. I am aware of the fact that the course I desire to join is NOT recognized by Directorate of School Education, Directorate of Technical Education, AICTE & NCTE.

Place:

Date :

Signature of the Student

Enclosures:

(a) **Xerox copy of (i) Date of Birth Certificate (ii) Educational Qualification**

(b) **Demand Draft. (c) Address Proof & Identity Proof (Aadhaar Card Copy)**

(d) **Passport Size Photos -5 Nos**

OFFICE USE ONLY

Centre Name & Code:

Date :

Verified and Checked,

Coordinator Signature with Seal