

Date of Admission

Enrollment No.



## Skill Training Programme FAMILY OF SHIRDI SAI BABA



Training Centre :- E-6, Basti Vikas Kendra, 1st Floor, Sultan Puri, Delhi-86  
visit us : familyofshirdisai.org, E-mail : fssbngo@gmail.com  
Ph. : 011-65691733, 9871901733

To,

The General Secretary  
**FAMILY OF SHIRDI SAI BABA**  
E-6, Basti Vikas Kendra, 1st Floor,  
Sultan Puri, Delhi-110086

Pass Port  
Size  
Photo

**Subject: Application for the Course of** \_\_\_\_\_

I, the undersigned hereby apply for admission to the Vocational Training Programme to all rules & regulation that may be applicable from time to time.

1. Mr./Mrs./Miss : \_\_\_\_\_  
Name (In Block Letter's)
2. Father's / Husband's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Age : \_\_\_\_\_ Gender Male  Female
5. Postal Address : \_\_\_\_\_  
(Proof to be Enclosed)  
Pin Code \_\_\_\_\_ CA No. (TPDPL) \_\_\_\_\_
7. Contact No. (Compulsory) : Self \_\_\_\_\_ Parents \_\_\_\_\_
8. Educational Qualification : \_\_\_\_\_  
(Proof to be Enclosed)
9. Category: - General  SC  ST  Disabled  OBC   
**(Certificate to be enclosed)**
10. If Disable Type of disability & Percentage : \_\_\_\_\_  
(Certificate to be enclosed)
11. If student Name of school /collage : \_\_\_\_\_  
(Certificate to be enclosed)
12. Occupation (Office Address if Employed): \_\_\_\_\_
13. Voter ID No. : \_\_\_\_\_ Aadhar No. \_\_\_\_\_
14. Monthly Family Income \_\_\_\_\_

15. Email ID : \_\_\_\_\_

16. Hobbies/ Interests : \_\_\_\_\_

17. How do you about VT Centre : Survey  Friend  Banner Poster

18. Like to take up a job while pursuing the Course YES  NO

नियम व शर्त :-

- ☞ छात्र केन्द्र में किसी भी प्रकार का धूम्रपान नहीं करेगा। ☞ छात्र किसी भी प्रकार के अपशब्दों का प्रयोग नहीं करेगा।  
☞ छात्र बिना किसी पूर्व सूचना के अवकाश नहीं लेगा व मोबाईल का उपयोग वर्जित है। ☞ यदि छात्र किसी भी प्रकार की असामाजिक गतिविधियों में शामिल पाया जाता है तो संस्थान छात्र को निष्कासित करने का हक रखता है।  
☞ संस्थान के समय अवधि से पूर्व कोर्स छोड़ने पर प्रमाण पत्र नहीं दिया जायेगा। ☞ कोर्स को पूरा करना अनिवार्य होगा, परिक्षा देने के उपरान्त नौकरी के लिए समय समय पर संस्था से सम्पर्क करते रहना होगा

**Declaration: -**

I do hereby declare that the information furnished above by me is true and correct to me best of my knowledge.

**Signature of Parent's / Guardian  
(in minor case)**

**Signature of Applicant**

Name \_\_\_\_\_

Name \_\_\_\_\_

Relation with Applicant \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Observation by Centre Co-Ordinator  
(if any)** \_\_\_\_\_

Reg. No \_\_\_\_\_ Course Name \_\_\_\_\_ Course Time \_\_\_\_\_

**Remark By**

**Centre Co-Ordinator  
Vocational Training Prg.**

**Course Instructor  
Vocational Training Prog.**

**General Secretary**

**Project Director**