



Central Institute of Vocational & Technical Education

केंद्रीय व्यवसाय एवं प्रौद्योगिक शिक्षण संस्था (स्वशासी)

Admission Form - Academic Year:

Admission Form - Academic Year: 20 20

Aadhar No.

Passport No.

Enrollment No.
For Office use

Important :-

- 1) I have read all the instructions and rules given in the CIVTE and agree to abide by the same
- 2) The place of jurisdiction of filling of a suit, if any, will be only at Pune.
- 3) I do, hereby agree, acknowledge that I am aware of the fact that the admission to the above course is subject to the approval and/or renewal of such as approval by the concerned competent authorities established under relevant statutes of directions given by the respective competent authorities from Time to time and for which CIVTE Administration shall not be liable and responsible.

Paste Photo Here

DD No. <input type="text"/>	DD Date <input type="text"/>	Amount <input type="text"/>
Bank & Branch Name <input type="text"/>		
Receipt No. <input type="text"/> (For Office use only)	Date <input type="text"/> (For Office use only)	
Course Code <input type="text"/>	Name of the Course : <input type="text"/>	
Center Code <input type="text"/>	Special Subject <input type="text"/>	
	Electric / General Subject <input type="text"/>	
Year: <input type="text"/>	Medium : Marathi - M/English - E / Hindi - H	Mode of Education : Regular - R / Distance -D / External -E

Student's Full Name (In Capital Letters)

Last Name First Name

Father's / Husband's Name Mother's Name

Address For Correspondence (In capital Letters)

District : State : Pin Code

Permanent Address (In capital Letters)

District : State : Pin Code

STD Code	Phone Number	Mobile Number
Contact Phone :	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>		

Birth Date <input style="width: 100%;" type="text"/>	Age : <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>In Complete Years</small>	Sex: <input type="checkbox"/> <small>M - Male F - Female</small>	Handicap <input type="checkbox"/> <small>Y/N</small>	Marital Status Married / Unmarried	Employed <input type="checkbox"/> <small>Y/N</small>
Annual Income <input style="width: 100%;" type="text"/>	Urban Rural <input type="checkbox"/>	Religion _____	Minority <input type="checkbox"/> <small>Y/N</small>	Caste _____ Sub-Caste _____ <small>SC ST OBC VJ 1 2 3 4 SBC OPEN</small>	

Educational Illegibility Details

Qualification	Name of Board/ University / Intuition	Year of Passing	Percentage
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

List of Documents Attached (Attested Xerox Copy)

1) LC/TC/ Migration _____	2) Caste Certificate _____
3) S.S.C./ H.S.C. Marksheet _____	4) Degree/ PG Degree Marksheet _____
5) Diploma Certificate _____	6) Entrance Marksheet _____
7) Other _____	

Candidate Signature <input style="width: 100%;" type="text"/>	Stamp: <input style="width: 100%;" type="text"/>
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Date : <input style="width: 100%;" type="text"/>	Signature of Center Co-ordinator : <input style="width: 100%;" type="text"/>
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