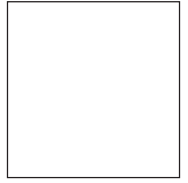




Nehru Skill Development Mission

An Autonomous Body, Under Govt. Act
Established under Act 1882, Registered under Govt of Tamilnadu



REGISTRATION AND EXAMINATION APPLICATION

Institution Approval Number : _____

Institution Name & Full Address with Pincode : _____

1.Name (In capital Letters) _____

2.Father's Name _____

3.DOB (As per SSLC Certificate) _____

4.Gender (Tick the box) Male Female

5.Student's Address _____

6.Qualification _____

7.Course _____

8.Course Duration (Tick the box) _____ Months

One Year

Two Year - 1st Year

Two Year - 2nd Year

Direct - 2nd Year

9.Year of Examination

2	0		
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2	0		
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Hall Ticket



Reg No _____

Name of the Candidate _____

Institution Address _____

Course Name _____

Duration _____

Signature of the Candidate

Controller of Examination

Institute Head