



TAMILNADU STATE COUNCIL OF VOCATIONAL TRAINING

AN AUTONOMOUS COUNCIL REGISTERED UNDER GOVT. OF TAMILNADU

ADMISSION CUM EXAMINATION FORM

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

Examination Session: Regular DDL

Roll No: Centre Name :

Enrollment No :

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 TNSCVT (Newspapers/Website/Brochures)

- Student of TNSCVT New Paper Ads Handbills
 Facilities of TNSCVT 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