



TAMILNADU STATE COUNCIL OF VOCATIONAL TRAINING

An Autonomous Council Incorporated Under Legislation of Government of India for Vocational Education

RE- REGISTRATION FORM

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Register Number : _____

Student Name : _____

Course Name : _____

Appearing Year/Sem. : _____

Father's Name : _____

Date of Birth : _____ (DD/MM/ YYYY)

Last Exam Appeared : _____

Contact Number (Mob / Whats App: _____

E-mail : _____

Signature of the Student

Enclosures:

- 1) Previous Year / Semester Mark Sheet Photo Copy
- 2) Demand Draft of Course Fee

OFFICE USE ONLY

Centre Name & Code:

Date:

Verified and Checked,

Coordinator Signature with Seal