

कौशल विकास और व्यावसायिक प्रशिक्षण के लिए केंद्र

CENTRE FOR SKILL DEVELOPMENT & VOCATIONAL TRAINING

An Autonomous Organization Supported by various Ministries

Govt. of India

APPLICATION FORM FOR EXAMINATION **MAIN FORM**

C.S.V.T
Affix here recent
Passport Size Photo
attacted by the

(Candidates are requested to fill-in the form in their own handwriting) Principal/Head of Registration No. Institution

Roll No.												_												
Name of Institute																								
1.				Capacity in which Appearing (Tick the Relevant Box													Regular				Failure			
2.			;	Subje	ct in	wh	ich A	Appe	earir	ng (T	ick	the Relevant Box)					I st year				II nd year			
P	Paper – I			Pa	per -	- II		Paper – III				Paper – IV				Р	Practical – I				Practical - II			
3. Name (In Capital Letters with One Blank Space I, II & III Names)																								
4.	Fat	her's	s Na	ame (in C	apita	al let	ter v	with	One	Bla	nk S	рас	e I, II	& II	l Naı	nes))						
5.	Address in Correspondence (In Capital Letters with One Blank Space I, II, III Names)																							
6.	6. Contact/Mobile No:																							
7.	7. Course																							
										Date:														
Date of Admission:												Signature of Student												
For Office use																								
Examination Verification											Registration Verification													

Note: The fulfilled application form and hall ticket to be submitted on or before Application form of the students those who have completed their registration and examination fees as per CSVT norms, only will be considered for this academic year examination.





Controller of Examination



MINISTER OF ROAD TRANSPORT HIGHWAYS & SHIPPING GOVT. OF INDIA LR. NO. 93 R Date - 14-12-2014

MINISTER OF TRIBAL AFFAIRS GOVT. OF INDIA LR. NO. DO.NO. Psto MTA 80/222

Director

