



GCVRT EDUCATIONAL COUNCIL

AN AUTONOMOUS BODY APPROVED BY GOVT OF INDIA NEWDELHI

CENTRAL OFFICE

Application for Registration Cum Examination



EnRollment No: _____

Name of the Course: _____

Course code : _____

Community college/ Address with code: _____

Examination for which year: _____

Course Duration:	----Months	One year	Two year 1 st year	Two year 2 nd year
------------------	------------	----------	----------------------------------	----------------------------------

Address: _____

Student's Name: _____

Father's Name: _____ Mother's Name : _____

Birth Date : _____ Gender: Male ☐ /Female ☐ Blood Group : _____

Religion: _____ Nationality : _____

Student Qualification _____ Community: OC / BC / MBC / SC / ST

Phone Number _____ Email Address _____

DECLARATION

I hereby declare that the information given above is correct. I will obey all the rules and regulations of the institution. I agree to abide by them, failing which in shall be liable to disciplinary action.

Students Signature

FOR INFORMATION CENTRE

I have by declare that the information given above and in the enclosed document is true to the best of my knowledge. Xerox copies of the originals qualifying certificate and transfer certificate are verified and signed by me. I declare that this student having 90% of attendance in this year.

Signature of the Principal with seal