

# HATE KALAME SHIKSHA KENDRA

Aushgram Road,Guskara, (Near Kalitala),Burdwan,Pin -713128

## PMKVY-2.0

### Student's Registration Form

PHOTO

Course Name: - .....

Course Code: ..... Sector: .....

#### Personal Information:

Name: Mr. /Mrs/Miss. ....

Date Of Birth.....Mobile no: .....

email id: .....

Sex:  Male  Female Father's /Husband's Name: .....

Aadhaar No-.....Alternative ID no.....

Father's /Husband's phone no: ..... Mother's Name: .....

Address: .....

Locality..... Post. Office.....

Sub-District.....District: .....

State: ..... Pin: .....Constituency:.....

Please tick whichever is applicable:  SC  ST  OBC Physically Handicapped: .....(yes/No)

#### Annual family income (In Rs.):

Below 1 Lakh  1-3 Lakh  3-5 lakh  Above 5 lakh

#### Educational Qualification:

##### Education Level:

| EXAM. PASSED                   | YEAR OF PASSING | ROLL | NO. | TOTAL MARKS | MARKS OBTAINED |
|--------------------------------|-----------------|------|-----|-------------|----------------|
| CLASS 10 <sup>th</sup> /Eqiv.  |                 |      |     |             |                |
| CLASS 12 <sup>TH</sup> / Eqiv. |                 |      |     |             |                |
|                                |                 |      |     |             |                |
|                                |                 |      |     |             |                |

**CANDIDATE'S OTHER DETAILS:-**

**BANK NAME:**

**BRANCH NAME:**

**IFSC CODE:**

**BANK ACCOUNT NO.:**

**BENEFICIARY NAME AS IN BANK ACCOUNT NO.:**

**Declaration:**

I do hereby declare that the above information provided by me is true and correct to the best of my knowledge, and belief. I also agree to adhere to **HATE KALAME SHIKSH KENDRA** guidelines and instructions and accept that all decisions pertaining to the attendance (**100% mandatory**), education, examination and certification shall be final and binding on me.

**Date**

**Place**

**Signature of Applicant**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For office Use Only:**

**Documents checked & verified:** ..... (Yes/ No), **Admission Date:**    /    /

**Training center ID:** ..... **Course name:** ..... **Course Code:** .....

**Total Course hour:** ..... **Student ID:** .....

**Schedule Hours:**..... **TO**.....