



# INTERNATIONAL COUNCIL FOR VOCATIONAL TRAINING

अंतराष्ट्रीय व्यवसायिक प्रशिक्षण परिषद

Run Under the HHEWT

Registered Under The Indian Trust Act, 1882 (Govt. Of India)  
Also registered from NSDC, MHRD & Quality Management System ISO 21001:2018

[www.icvt.org.in](http://www.icvt.org.in)

[icvt.org@gmail.com](mailto:icvt.org@gmail.com)

## Registration Form

FORM NO: \_\_\_\_\_

(Fill the form only in 'CAPITAL LETTER')

ICVT ACADEMY FOR  Course:

Session:

DATE OF REGISTRATION

/   /

### PERSONAL INFORMATION

Photo

Full Name :

Fathers Name:  Mother's Name:

Date of Birth :   /   /     Nationality :

Email :  Domicile :

Gender : ☐ Male ☐ Female Mother's Name:

Marital Status :  Category: ☐ Gen ☐ OBC ☐ SC ☐ ST

Country :  Handicapped: ☐ Yes ☐ No

Aadhar No.  Mobile No:

### CORRESPONDENCE ADDRESS:

Present Address :

The City :  District:

PIN Code :  State:

Educational Qualification (Please start from latest qualification and also attach photo copies.)

Educational Qualification	Institute/Organization	Board/ University	Year of Passing	Specialized Subject	Overall Percentage
Graduation					
Inter					
Matric					

Note: Please write your School/Institute and Board/ University name clearly.

Please write your Objectives for joining this course.

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**UNDERTAKING**

I, the undersigned, bind myself to abide by the Institute's rules & regulations in all respect.  
In all matters of dispute the decision of the Institute will be final and binding on me.

Date:\_\_\_\_\_ Signature of the Candidate\_\_\_\_\_

Signature of Guardian:\_\_\_\_\_

**FOR OFFICE USE ONLY**

Name \_\_\_\_\_

Application Form No \_\_\_\_\_ Fees Receipt No: \_\_\_\_\_ Form Received on: \_\_\_\_\_

DD/Reference No: \_\_\_\_\_ Date: \_\_\_\_\_ Bank/UPI \_\_\_\_\_

Branch: \_\_\_\_\_ Other Info.: \_\_\_\_\_

**Admission Taken By:**

Centre Code: \_\_\_\_\_ Centre Address: \_\_\_\_\_

Accepted/Rejected \_\_\_\_\_ Date: \_\_\_\_\_ Remarks: \_\_\_\_\_

\_\_\_\_\_  
Head of the Department