Iswarchandra Vidyasagar National Youth Council
[IVNYC]

An Approved Training Partner Of

National Skill Development Corporation (N.S.D.C.)

www.ivnycgroup.com

Head Office
Hospital Railgate,
Bethuadahari,
Nakashipara, Nadia,
741126,W.B

Corporate Office
Subhas Pally, Pandua,
Dist-Hooghly,
Pin-712149,W.B

Form Sl. No :

ADMISSION FORM

APPLICANT IS REQUIRED TO FILL IN THIS FORM USING BLUE OR BLACK INK BALL PEN IN CAPITAL LETTERS

(Incomplete form will be summarily rejected)

RECENT PASSPORT SIZE COLOR PHOTOGRAPH

CENTRE NAME :

COURSE NAME :

COURSE CODE : SESSION :

NAME OF THE APPLICANT :

DATE OF BIRTH : D D M M Y Y Y Y Nationality :

FATHER'S NAME :

Mother's Name :

PERMANENT ADDRESS :
(Correspondence Address)

PRESENT ADDRESS :
(Correspondence Address)

Mobile no. : Mobile no. :

ADHAR NO :

EDUCATIONAL QUALIFICATIONS

Qualification	Name of school /college / instituiton	Year of Passing	Division/Grade

STUDENT DECLARATION

All the informations given below are true to the best of my knowledge and nothing is concealed therein. I have read & understood the terms & conditions made by Iswarchandra Vidyasagar National Youth Council (IVNYC) & accept the same. In case of any infringment of said terms and conditions by me, IVNYC H.O/ Centre Head shall have full right to cancel above mentioned certificate/ Diploma course & I shall only be liable for the same.

Signature of Student
(With Date)

Signature of Centre Incharge
(With Stamp)