

### ऋषिजना व्यवसायिक शिक्षा एवं कौशल विकास संशोधन संस्थान



# Rushijana Vocational Education & Skill Development Research Foundation

ID: TP132772

#### (AN AUTONOMUS BODY RECOGNIZED BY GOVERNMENT OF INDIA)

208/209, Shreenath Complex Auyrvedic Tran Rasta, Out side Panigate, Vadodara, Gujarat, India
Tele: 0265-2511016 • Email: r.rushi786@gmail.com

	ENROLMENT FORM							
All entries must be filled by the candidate himself/hereself in CAPITAL letter. Put ✓ for Yes or X for No and NA where Not applicable in the box. The Examination Form Contain Two Pages.								
ENROLMENT No. (Leave Bank)								
ROLL No. (Leave Bank)								
Course Applied for								
(As entered in Sec	(As entered in Secondary/Senior Secondary Certificate)							
Name of Candidate								
Father's Name								
Mother's Name								
Date of Birth	Date of Birth Gender : Male Female							
Permanent Address								
City	State Ph. No							
Mo	E-mail							
Name of VSTC								
Nationality : Indian Other (Specify Country Name)								
Category : General OBC SC ST								

Form Fees: 200

## Details of previous Examination Passed from other Board / University (Enclose Duly Attested / Self Attested Photocopy of a previous year passed Mark Sheet)

Sr. No.	Name of Exam	Roll No.	Year of Passing	Mark Obtained	Name of Board	Pass/Fail	Percentage

#### **Declaration by the Applicant**

I have read and understood the rules and regulation of the council and satisfied myself that I fulfill the eligibility condition as laid down in the prospectus. I have furnished necessary information / document(s) correctly I shall submit any other document(s) that may be required in the future. I understand that my candidature is liable to be cancelled by the paramedical council of india / document(s) submitted herewith is found incorrect or misleading. Further, the council has full authority to take appropriate action which shall be acceptable to me. In further also, if any information submitted by me is found incorrect, the Board has the authority to cancel the Certificate at any time.

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Date/	/ (DD/MM/YY)					
Certified that the document produced and verified by the student, as given above have been re-verified and stamped by the undersigned and are correct. I am responsible for any discrepancies in the details given above.						
Certified that the candidate has signed the form in my presence.						
Date/(DD/MM/YY)						
		Sig	gnature of Head with Seal			
<ul> <li>Instructions</li> <li>1. Admission form found incomplete in any circumstances cannot be accepted.</li> <li>2. Suppression of Furnishing of any false information by a candidate will lead to immediate cancellation of his/her form.</li> <li>3. There is no refund any circumstances.</li> </ul>						
Name of Candidates	3:					
Father's Name	:					
Mother's Name	:		Affix recent Passport Size Photo			
Postal Address	:		Prioto			
Pin Code						
Phone No.	:					

Signature of a Candidate