DR. APJ ABDUL KALAM
SKILL INDIA MISSION

REGISTRATION & EXAMINATION DIVISION

QUEST FOR EXCELLENCE

PASTE PHOTO
3.5 x 4.5 cm

REGISTRATION AND EXAMINATION APPLICATION

INSTITUTION INFORMATION

Institution Approval Number _____

Institution Name _____

Full Address with PIN Code _____

CANDIDATE DETAILS

1. Name (in capital letters) _____

2. Father's / Guardian's Name _____

3. Date of Birth (as per certificate) ☐☐/☐☐/☐☐☐☐ 4. Gender ☐ Male ☐ Female ☐ Other

5. Student Address _____

_____

6. Qualification _____ 7. Course _____

8. Course Duration (tick one) ☐ ____ Months ☐ One Year ☐ Two Year - 1st Year

☐ Two Year - 2nd Year ☐ Direct - 2nd Year

9. Year of Examination 2 0 ☐☐ 10. Mobile No. _____

I certify that the particulars given above are true and agree to follow the examination rules.

Candidate Signature | Controller of Examination | Institute Head / Seal

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DR. APJ ABDUL KALAM SKILL INDIA MISSION
HALL TICKET

PHOTO

Registration No. _____ Exam Year 2 0 ☐☐

Name of Candidate _____

Institution / Centre _____

Course Name _____ Duration _____

Examination Centre _____

Candidate | Controller of Examination | Institute Head / Seal

Official Form - Use black or blue ink