



BHARAT SEVAK SAMAJ

TAMILNADU PRADESH

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT OF INDIA

NATIONAL VOCATIONAL EDUCATION MISSION REGISTRATION

CUM EXAMINATION APPLICATION

(FILL UP IN CAPITAL LETTERS)

DATE : _____

1	Institution Approval Number	100330	Passport size photograph of the candidate to be affixed and attested here
2	Institution Name & Full address with Pin Code	Swaarnim Foundation 165 RNT Marg, Indore MP 452001	
3	Student name in English		
4	Date of birth		
5	Sex	<input type="radio"/> Male <input type="radio"/> Female	
6	Name of the Father / Husband (or) Guardian		
7	Permanent address		
8	Address for communication		
9	Name of the course		
10	Course Duration	<input type="radio"/> ___ Month <input type="radio"/> One Year <input type="radio"/> Two Year I Year <input type="radio"/> Two Year II Year <input type="radio"/> Direct II Year	
11	Examination for which year	_____ / 20 To _____ / 20	



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HALL TICKET

Reg. No : _____

1	Name of the Candidate		Passport size photograph of the candidate to be affixed and attested here
2	Institution Address		
3	Course Name		
4	Duration		
5	Date and Time of Examination		

Signature of the candidate

Signature of the Invigilator

	Address of School/College in which the candidate last studied	
	Name of qualifying examination passed with the Reg. Number of Govt. Mark Sheet and year of passing	
	The Board/University from which the candidate passed the qualifying examination	
	Details of documents enclosed (Only Xerox Copies)	

(This examination application should be submitted along with the exam fees)

DECLARATION BY THE CANDIDATE

I hereby declare that the entries made above are correct and that they have been made in my own handwriting.

Place :

Date :

Signature of the Candidate

Note: University affiliated College Principal (or) BSS Institute Director (or) Institute Head are authorized to attest on the both student Photographs.

His/Her application for examination has been accepted and granted as a candidate for examination to the aforesaid course for _____ / 20 To _____ / 20

Place :

Date :

For Controller of Examinations
BHARAT SEVAK SAMAJ
TAMILNADU PRADESH