



# BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA  
NATIONAL VOCATIONAL EDUCATION MISSION  
REGISTRATION CUM EXAMINATION APPLICATION  
(FILL UP IN CAPITAL LETTERS)

Passport size  
photograph of the  
candidate to be  
affixed

Date: \_\_\_\_\_

Institution Approval Number	
Institution Name & Full Address with Pin Code	
Student name in English	
Date of birth	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of the father (or) guardian	
Permanent address	
Address for communication	
Name of the course	
Course Duration	<input type="text" value="_ Months"/> <input type="checkbox"/> One Year <input type="checkbox"/> Two Year I Year <input type="checkbox"/> Two Year II Year <input type="checkbox"/> Direct II Year
Examination for which year	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



# BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA

## HALL TICKET

Reg. No: \_\_\_\_\_

Name of the Candidate: \_\_\_\_\_

Institution Address: \_\_\_\_\_

Course Name: \_\_\_\_\_

Duration: \_\_\_\_\_

Passport size  
photograph of the  
candidate to be  
affixed

Signature of the candidate

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

Station:

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 - 20

Chennai

Date: .....

For Controller of Examinations

