



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	DLH/8544
Institution Name & Full Address with Pin Code	MEDFRANK INSTITUTE HEALTH SCREEN PVT. LTD, F-42/A, ABULFAZAL ENCLAVE-1 OKHLA, NEW DELHI-110025
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="checkbox"/> _ 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="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2 <input type="checkbox"/> 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



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NATIONAL DEVELOPMENT AGENCY, PROMOTED BY GOVT. OF INDIA

HALL TICKET

Reg. No: _____

Name of the Candidate: _____

Institution Address: MEDFRANK INSTITUTE, HEALTH SCREEN PVT. LTD

F-42/A, ABULFAZAL ENCLAVE-1, OKHLA, NEW DELHI -110025

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



WORLD SKILL COUNCIL

SKILL CERTIFICATE APPLICATION

(MUST BE FILLED UP BY THE CANDIDATE IN CAPITAL LETTERS)

APPLICANT NAME				
COMMUNICATION ADDRESS				Passport Size Photo
APPLICATION FOR	<input type="checkbox"/> RPL	<input type="checkbox"/> RE-SKILLING	<input type="checkbox"/> UP-SKILLING	<input type="checkbox"/> NEW-SKILLING
NAME OF THE SKILL				
HOW MUCH FEE PAID				
APPLICANT AADHAR / PASSPORT / VOTER ID / DRIVING LICENCE NUMBER				
APPLICANT MOBILE NUMBER				
APPLICANT WHATS APP NUMBER	9899099350			
APPLICANT SIGNATURE				
RECOMMENDING WSC EDUCATOR CODE & SIGNATURE	CODE: WSCPSI-1392	SIGNATURE:		



CENTRAL BHARAT SEVAK SAMAJ

NATIONAL DEVELOPMENT AGENCY, ESTABLISHED IN 1952, BY PLANNING COMMISSION,
GOVERNMENT OF INDIA

www.worldskillcouncil.org | www.centralbharatsevakssamaj.org