

BAZAR BONKAPASI S.M. HIGH SCHOOL(H.S.)

VOCATIONAL EDUCATION & TRAINING CENTRE

AFFILIATED BY : WESTBENGAL STATE COUNCIL OF VOCATIONAL EDUCATION & TRAINING CODE :(HSV-4086)

P.O.-BAZAR BONKAPASI ✦ DIST -BURDWAN



1. NAME OF THE APPLICANT IN FULL (IN BLOCK LETTER)

[Grid for name entry]

2. DATE OF BIRTH

[Date grid]

3. AGE

[Age grid]

4. NAME OF FATHER/GUARDIAN

[Grid for father/guardian name]

5. RELATION WITH GUARDIAN (IF REQUIRED)

[Grid for relation]

6. NAME OF MOTHER

[Grid for mother name]

7. ADDRESS FOR CORRESPONDENCE .(WITH TELEPHONE NO IF ANY)

[Grids for address and telephone number]

CONTACT No.

[Grid for contact number]

PIN

[Grid for PIN]

(DON'T USE '0' BEFORE YOUR MOBILE NO)

8. SEX

[Sex options: MALE, FEMALE]

9. CITIZENSHIP

[Grid for citizenship]

10. RELIGION

[Grid for religion]

11. ANNUAL INCOME Rs./YEAR

12. CATEGORY GENERAL SC ST OBC PH BPL

Table with YES/NO columns for category selection

13. PARTICULARS OF THE EXAMINATION PASSED -

Table with columns: EXAM PASSED, BOARD/SCHOOL, YEAR OF PASSING, MARKS OBTAINED, % OF MARKS

14. NAME OF THE SCHOOL FROM WHERE HE/SHE PASSED

15. SUBJECT OFFERED(IN CODE)(OFFICE USE ONLY)

Table for subject offered with columns: DISCIPLINE, FIRST LANGUAGE, VOCATIONAL PAPER -I, VOCATIONAL PAPER -II, ADDL PAPER I, ADDL PAPER II

16. GIVE OPTION FOR ADMISSION (PLEASE TICK)

Hand icon VIII+ COURSE : [] X+2 COURSE : []

17. DATE OF ADMISSION :

[Date grid with D D M M Y Y Y Y labels]

FULL SIGNATURE OF GURDIAN WITH DATE

FULL SIGNATURE OF THE APPLICANT

Form No.

(Office use only)

MR/MRS/SHRI/KUMARI SON/DAUGHTER OF..... ADMITTED IN THE COURSE OF SESSION DATED

PLACE : BAZAR BANKAPASI DATE :

CONTACT : (03453) 267276

SIGNATURE WITH SEAL