



CENTRE NAME

डा बिआर अंबेकर तकनीकी शिक्षा व्यावसायिक और कौशल विकास परिषद

**Dr. B.R. Ambedkar Technical Education**

Board for Vocational and Skill Development

Recognized by Government of India

RECENT  
PASS PHOTO

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

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

Admission No. : \_\_\_\_\_

Batch Timing : \_\_\_\_\_

Name of the Candidate (Capitals) : \_\_\_\_\_

Father's Name / Husband Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

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

Date of Commencement : \_\_\_\_\_

Phone No. / cell No. \_\_\_\_\_

Course Fee : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

\_\_\_\_\_

Signature of Candidate