

Department of Industrial Training, Haryana
EXAMINATION FORM (SCVT)

Roll No

Fee Rs. _____/Receipt No. _____/Dated _____

1. Examination FTT/SUPP/SEM. _____ Jan./July _____
 2. Trade in which appearing _____
 3. Year of joining Institution _____
 4. Admission No. _____ Category Gen/SC/BC/PH/ _____
 5. Regd. No. _____
 6. Name _____
 7. Father's Name _____
 8. Date of Birth _____
 9. Correspondence Address _____
 10. Permanent Address _____
- Mob. No. _____

Affix Your
Passport Size
Photo

11. Exam Passed:

Name of School/College	Board/university	Passed Year	Percentage

- (a) Capacity in which Appeared as Regular_____Reappear_____
- (b) If Reappear, year in which appeared Ist time_____Roll No._____Chance_____
- (c) Subject in which appeared 1_____2 _____3_____

I solemnly declare that the statement made by me in this form is correct & true & nothing has been canceled and that I understand any wrong statement on my part will result disqualification for all future examination to be conducted by directorate. Signature of committee member.

Principal

G.I.

Instructor

Signature of student

Principal
Govt. ITI Bhardana

Department of Industrial Training, Haryana

Roll No. Slip

Roll No _____

M/s.Miss/Smt _____

S/o.W/o/Sh _____

Trade _____

SCVT Sem _____ Examination FTT/SUPP July/Jan. _____

Exam Center _____

Affix Your
Passport Size
Photo

Principal
Govt. ITI Bhardana

Department of Industrial Training, Haryana

Roll No. Slip

Roll No _____

M/s.Miss/Smt _____

S/o.W/o/Sh _____

Trade _____

SCVT Sem _____ Examination FTT/SUPP July/Jan. _____

Exam Center _____

Affix Your
Passport Size
Photo

Principal
Govt. ITI Bhardana