

NORA SOLOMON FOUNDATION **VOCATIONAL TRAINING CENTRE APPLICATION FORM**

(PLEASE FILL THIS FORM IN CAPITAL LETTERS ONLY)

Registration No.	:	Photo
Course Opted	:	
Name	:	
Date of Birth	:	
Age	:	
Gender	:	Male Female
Religion	:	Hindu Muslim Christian Sikh
Father/husband's nan	ne:	
Mother/wife's name	:	
Address	:	
Email I'd	:	
Contact No.	:	Mother, Father, Candidate
Marital status	:	Married
Course	:	
Duration	:	3 Months 6 Months
Referred by	:	Ex. Student Advertisement Advertisement
Current Job	:	
Current income	:	
Father/Husband's Inco	ome:	
Mother/Wife Income	:	
Total Family Income	:	
Your Interest/goal		
Date:		Parent's Signature Signature of Candidates
Courses:		
Computer Course: - CO	CAM	CCMO CCAWE DTP RETAIL ENGLISH
Makeup Hair C	Cut & Hai	r Styling Stitching Embroidery Fashion Designing
Required Copy of Docun	nents:	
2 Passport size photos		Sr. Program Manager Application

Signature

Signature

1 Aadhar card/Vote card

1 Set of Mark sheet and certificates