



**WELFARE BOARD OF VOCATIONAL TRAINING SCHOOL**  
**Government of India Regd. ISO 9001 : 2015 Org , MCI – CR**  
**Association with CVTI N.V.T**

**STUDENT EXAM FROM**

Student Name :		
Guardian Type : S/o : <input type="checkbox"/> D/o : <input type="checkbox"/> W/o : <input type="checkbox"/> Tg/o : <input type="checkbox"/>		
Guardian Name :		
Father's Name :		
Mother's Name :		
Date Of Birth (DOB) :		
Address :		
City:	State:	ZIP:
Phone Number:	E-mail Id:	Aadhar No:
Exam Semester :	:	
Subject :		
Please visit the site ( <a href="http://www.wbvts.org.in">www.wbvts.org.in</a> ) and select the course , category and center. Otherwise you can fill the form our online portal. ( <a href="http://www.wbvts.org.in/login.php">www.wbvts.org.in/login.php</a> )		
Reg. No : _____ Roll No : _____		
Course Name : _____ School : _____		
Payment Ref No :		
Student Signature :	Location:	
Approved By (Head Office) :	Date :	