



WELFARE BOARD OF VOCATIONAL TRAINING SCHOOL
GOVERNMENT OF INDIA REGD. ISO 9001 : 2015 ORG

STUDENT PROJECT FROM 23

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:	pin:
Phone Number:	E-mail Id:	Aadhar No:
Category : Gen : <input type="checkbox"/> SC : <input type="checkbox"/> ST : <input type="checkbox"/> OBC-A : <input type="checkbox"/> OBC-B : <input type="checkbox"/> Handicap : <input type="checkbox"/>		
Project :		
Please visit the site (www.wbvts.org.in) and select the course , category and center. Otherwise you can fill the form our online portal. (www.wbvts.org.in/register.php)		
Course : _____		
Project Name : _____		
Selected project name and where you want to Block : _____		
Inquiry :		
Student Signature :	Location:	
Approved By CR Office Delhi :	Date :	