



EMS ACADEMY OF JOURNALISM, BHOPAL

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SKILL DEVELOPMENT INITIATIVE SCHEME (SDIS) MODULAR EMPLOYABLE SKILLS (MES)

APPLICATION FOR: Candidate Registration for Training / Testing

Reg. No..... (For official use only) Date.....

I. PERSONAL DETAILS

Candidate's Name

Father's Name

Mother's Name

Religion Hindu Sikh Muslim Christian Others Male Female

Date of Birth

Category General SC ST OBC Person with disability Yes No

Languages Known Monthly Income (In rupees

II. EDUCATIONAL DETAILS

General Qualification 5th 8th 10th 12th

Professional Qualification NTC NAC Diploma Degree Post

Graduation Non Professional

III. CONTACT DETAILS III.

Telephone/ Mobile

E-mail (optional)

Present Address

Permanent Address

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City

City

District

District

Postal Code

Postal Code

State

State

Country

Country

IV. MES COURSE IN WHICH ADMSSION IS SOUGHT

Sector
Course / Module

V. DETAILS OF VTP

Name of Vocational Training Provider
Address

VI. PAYMENT DETAILS FOR TESTING DEPOSIT/ FEE

Cash / Cheque / DD/ IPO No.....DatedAmount (In Words.....
.....) Drawn on

ACKNOWLEDGEMENT- RECEIPT

MODULAR EMPLOYABLE SKILLS (MES)

(Acknowledgment receipt to be filled by the VTP/ Assessing Body while acceptance of Application for training) Student Identification No. (for office use only)Date (To be filled in by the VTP/Assessing Body) Received application form of dated with amount (Cash/Cheque/DD/IPO No.) dated _____ as training and as Assessment fee

DECLARATION

I declare that the entries made by me in this form are true to my knowledge and I understand that I am liable for action under the law for any false information or document produced by me. I also understand that the VTP shall be free to investigate on its own into the correctness of information furnished by me in this application and/or call for any further information in this regard from me.

During such investigation or at any subsequent stage, DGE&T may refuse to issue the Certificate or if already issued may cancel the same and I shall stand debarred from appearing in the Training under the SDIS.

Signature of candidate :

Name :

Place :

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