



Vocational Academy India Pvt. Ltd.
Chintal Plaza, #744/51, 3rd. Floor, 33rd Cross,
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www.vocad.in

Registration Form

Registration Id:	Photograph
Name: _____ Date of Birth: _____ Age: _____	
Spouse/Father's Name: _____ Gender : Male /Female	
Address: _____ _____	
Contact Detail	
Phone: (Res.) _____ (Mobile:) _____	
E-Mail Id _____	
Contact person (in case of emergency) _____	
Phone: _____ Mobile: _____	
Education: _____	
School/college: _____	
Level Completed: _____ Passing Year: _____	
Please specify if you belong to any economically backward category as specified by the Govt.of India _____.	
Employment Status (Please select) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Employed	
Reasons for enrolling in the course offered by VOCAD (Please select)	
<input type="checkbox"/> To obtain employment or be self employed	
<input type="checkbox"/> To pursue new employment	
Declaration	
I hereby declare that the information given by me in this form is complete and correct. If it is discovered subsequently that any of this information is materially inaccurate, my admission into any course conducted by Vocational Academy India Pvt. Ltd. May be suspended or terminated at the sole discretion of Vocational Academy India Pvt. Ltd. and without prejudice to their other rights and remedies . If the same is found post certification, the certificate shall be cancelled. My enrolment for any course shall not be deemed complete until I have paid the applicable fees and charges for such course and agreed to the terms and conditions prescribed by Vocational Academy India Pvt. Ltd. It is my responsibility to obtain, read, understand and adhere to the rules and regulations of Vocational Academy India Pvt. Ltd.	
Date:	Student Signature
For office use:	
Course Name _____ Registration / Course Fees _____ Cheque/DD No. _____	
Bank/Date _____ Batch Start Date _____ Source Code: _____	

Centre Address