

Sriram Institute of Professional and Vocational Studies

NIELIT/DOEACC Registration Performa

SIPVS Course: _____

SIPVS Roll no: _____

Name of Student : _____ (spelling same as per 10th certificate)

Father name _____ (spelling same as per 10th certificate)

Mother name _____ (spelling same as per 10th certificate)

Gender M/F Date of Birth ___/___/___

Marital Status: Single/Married/Divorced/Widowed

Category: Gen/SC/ST/OBC

Handicapped: Y/N

Religion: hindu/cristian/islam/sikh/Buddhism/jain/other

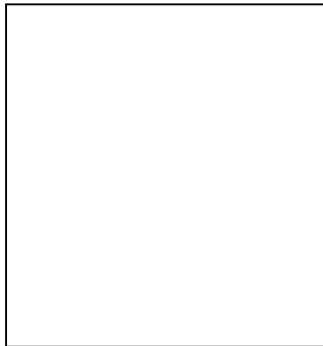
Address: _____

_____ Pin code _____ State _____ Dist _____


Highest educational qualification: _____ Year of passing: _____

Aadhar card no: _____

Photograph:



Signature:



Left Thumb Impression:



Visible Distinguishing Mark/ पहचान चिन्ह: _____