



(A National Skill Development Corporation Training Partner Company)



POWERED BY:



## LUVEE COLLEGE OF LIVELIHOOD & LIFESTYLE (A unit of Leelas Foundation For Education Health)

### Programmes Approved by National Skill Development Corporation (NSDC)

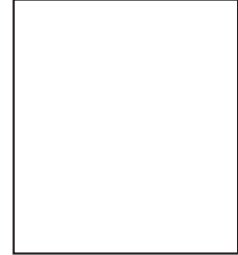
## ADMISSION CUM REGISTRATION FORM

Form No. LUVEE-NSDC/

Date \_\_\_\_\_

For Session 20..... 20.....

Note: Admission Form Must Be Filled In  
Capital Letters By Candidate Only.



Name of Candidate \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mothers Name \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Cast (Gen/OBC/SC/ST) \_\_\_\_\_

Candidate Mob. No.(1) \_\_\_\_\_ Candidate Mob. No. (2) \_\_\_\_\_

Parents Mob. No. \_\_\_\_\_ E-mail id \_\_\_\_\_

Qualification \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name of the Course \_\_\_\_\_

NSDC Course Code \_\_\_\_\_ Duration \_\_\_\_\_ Course Fee in Rs. \_\_\_\_\_

Permanent Address \_\_\_\_\_

Pin Code \_\_\_\_\_

Local Address \_\_\_\_\_

Pin Code \_\_\_\_\_

Aadhar No. \_\_\_\_\_ Gender (M/F/T) \_\_\_\_\_ BPL (Y/N) \_\_\_\_\_

### DECLARATION BY THE CANDIDATE

I hereby declare that the information mentioned above are true and correct & that have been written in my own handwriting I am also aware that the training program as well as certification provided by LUVEE is absolutely non government & industry certified, approved by National Skill Devolvement Corporation.

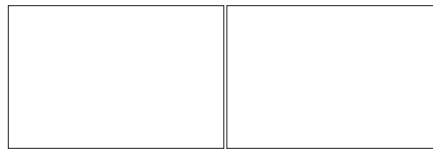
Signature of The Candidate \_\_\_\_\_

Signature of The Parents  
(Optional) \_\_\_\_\_

Place of Admission \_\_\_\_\_

Enclosure ( )

- True Copy of :
- Educational Qualification Docs.
- Aadhar Card
- Cast Certificate (if applicable)
- BPL Card (if applicable)
- Residence Proof
- Six Photographs



Thumb Impression  
Left / Right

# लुवी LUVEE

Skill Center Seal With  
Address & SDMS Center ID

(This Application Form Should be Submitted along with the Registration Fee)

**छात्र द्वारा अनुबद्ध प्रमाणपत्र**

मैं ..... पिता ..... ने आज दिनांक ..... को अपनी स्वेच्छा से राष्ट्रीय कौशल विकास निगम द्वारा प्रमाणित डिप्लोमा एवं पोस्ट डिप्लोमा कोर्स की श्रृंखला के निम्न कोर्स..... NSDC Course Code ..... में प्रवेश लिया है! मुझे यह पूर्ण रूप से ज्ञात है कि उपरोक्त कोर्स का किसी भी संवैधानिक संस्था जैसे की **Medical Council of India, Pharmacy Council, Indian Nursing Council, National Council of Teacher's Education** अथवा **State Para medical Council** से कोई संबंध नहीं है! मैं ये सुनिश्चित करता/करती हूँ की मेरे द्वारा चयनित कोर्स पूर्ण रूप से राष्ट्रीय कौशल विकास निगम द्वारा पंजीकृत है !

\_\_\_\_\_  
छात्र/छात्रा के हस्ताक्षर

\_\_\_\_\_  
पालक के हस्ताक्षर (वैकल्पिक)

\_\_\_\_\_  
दिनांक

**STUDENT ACKNOWLEDGEMENT FORM**

I ..... Father .....  
Dated on..... have taken Admission in National Skill Development Corporation (NSDC) approved Diploma and Post Diploma Courses, NSDC Course Name.....  
Course Code..... I am Completely aware of the fact that the above Course is not affiliated by any constitutional body such as Medical Council of India, Pharmacy Council, Indian Nursing Council, National Council of Teacher's Education or State Para medical Council . I am Completely aware of the fact that the course I have joined is recognized by NSDC.

\_\_\_\_\_  
Student's Sign

\_\_\_\_\_  
Parent's Sign (Optional)

\_\_\_\_\_  
Date

**For officer Use Only**

Name of the Course :

Batch No.

Name of the Candidate

Batch Start Date

Candidate Reg. No.

Batch End Date

Date of Admission

Branch Code

His/Her application for examination has been accepted & granted as a candidate for aforesaid course: .....Course Code .....

Examination Date ..... Time.....

For Controller of Examination

 LUVVE

## Pre Training Experience

Student Name \_\_\_\_\_

Job Profile \_\_\_\_\_

Designation \_\_\_\_\_

Monthly Income (In Figure) \_\_\_\_\_ (In Words) \_\_\_\_\_

Company/ Firm Name \_\_\_\_\_

Address of Company \_\_\_\_\_ Distt. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Job Duration \_\_\_\_\_

Authorised Person Name \_\_\_\_\_

Designation \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature Of Student

## Post- Training Salary Detail Acknowledgment Form

Student Name \_\_\_\_\_

Designation \_\_\_\_\_

Monthly Income (In Figure) \_\_\_\_\_ (In Words) \_\_\_\_\_

Company/ Firm Name \_\_\_\_\_

Address of Company \_\_\_\_\_ Distt. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Seal & Signature of Employer

\_\_\_\_\_  
Signature Of Student

Note: Kindly attach Your Salary Slip

## Post Training Experience

Student Name \_\_\_\_\_

Job Profile \_\_\_\_\_

Designation \_\_\_\_\_

Monthly Income (In Figure) \_\_\_\_\_ (In Words) \_\_\_\_\_

Company/ Firm Name \_\_\_\_\_

Address of Company \_\_\_\_\_ Distt. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Job Duration \_\_\_\_\_

Authorised Person Name \_\_\_\_\_

Designation \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date \_\_\_\_\_

Seal & Signature of Employer

Signature Of Student

## Self-Employment Details

Name \_\_\_\_\_

Fathers Name \_\_\_\_\_ Course \_\_\_\_\_

Job Profile \_\_\_\_\_

Designation \_\_\_\_\_

Monthly Income (In Figure) \_\_\_\_\_ (In Words) \_\_\_\_\_

Company/ Firm Name \_\_\_\_\_

Address of Company \_\_\_\_\_ Distt. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date \_\_\_\_\_

Seal of Company & Signature

## Student Feed Back Form

Name of the Student \_\_\_\_\_ Candidate ID \_\_\_\_\_

	Ranking 1-5		Ranking 1-5		
Class Room Training	<input type="text"/>	<input type="text"/>	Class Room Infrastructure	<input type="text"/>	<input type="text"/>
Session Quality	<input type="text"/>	<input type="text"/>	Teaching Skill	<input type="text"/>	<input type="text"/>
Practical Training	<input type="text"/>	<input type="text"/>	Practical Lab Infra	<input type="text"/>	<input type="text"/>
Session Quality	<input type="text"/>	<input type="text"/>	Teaching Skill	<input type="text"/>	<input type="text"/>
Assessment	<input type="text"/>	<input type="text"/>	Assessor Rating	<input type="text"/>	<input type="text"/>
Internal Assessment	<input type="text"/>	<input type="text"/>	External Assessment	<input type="text"/>	<input type="text"/>
On Job Training	<input type="text"/>	<input type="text"/>	Field Exposure	<input type="text"/>	<input type="text"/>
Hygiene	<input type="text"/>	<input type="text"/>	Classroom Space/ Lighting	<input type="text"/>	<input type="text"/>

Date \_\_\_\_\_

Signature Of Student \_\_\_\_\_



### For officer Use Only

**Name of the Course :**  
**Name of the Candidate**  
**Candidate Reg. No.**  
**Date of Admission**

**Batch No.**  
**Batch Start Date**  
**Batch End Date**  
**Branch Code**

His/Her application for examination has been accepted & granted as a candidate for  
 aforesaid course: .....Course Code .....

**Examination Date** ..... **Time**.....

**For Controller of Examination**



## OJT- ON JOB TRAINING

Student Name \_\_\_\_\_

Job Profile & Designation \_\_\_\_\_

Monthly Income (In Figure) \_\_\_\_\_ (In Words) \_\_\_\_\_

Company/ Firm Name \_\_\_\_\_

Address of Company \_\_\_\_\_ Distt. \_\_\_\_\_

State \_\_\_\_\_ Pin Code \_\_\_\_\_ Mobile No. \_\_\_\_\_

Work Time \_\_\_\_\_

Authorised Person Name \_\_\_\_\_

Designation \_\_\_\_\_ Mobile No. \_\_\_\_\_

Date \_\_\_\_\_

Signature Of Student \_\_\_\_\_



## ADMIT CARD

Candidate ID \_\_\_\_\_

Session 201 / \_\_\_\_\_

Student Name \_\_\_\_\_

Course Name \_\_\_\_\_ Course Code \_\_\_\_\_

Training Center Name & Address \_\_\_\_\_

Signature Of Candidate \_\_\_\_\_

Departmental Seal & Sign. \_\_\_\_\_