

## ADMISSION CUM REGISTRATION FORM

Form No. LUVEE-Skills/

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** \_\_\_\_\_ **Duration of Experience** \_\_\_\_\_

**Name of the Course / ROS** \_\_\_\_\_

**Master 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 SKILLS 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



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

छात्र द्वारा अनुबद्ध प्रमाणपत्र

मैं ..... पिता ..... ने  
आज दिनांक ..... को अपनी स्वेच्छा से लूवी स्किल्स (लीला स फाउन्डेशन) द्वारा प्रस्तावित रिकग्निशन ऑफ स्किल्स कोर्स की  
शृंखला के निम्न कोर्स ..... 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, State Para medical Council, State / Central University ( Govt. or  
Privet)** इत्यादि से कोई संबंध नहीं है। मेरे द्वारा चयन किये गये कोर्स विशुद्ध रूप से राष्ट्रीय कौशल विकास निगम द्वारा प्रमाणित फी वेस्ट स्किल कोर्स है।

छात्र/छात्रा के हस्ताक्षर

पालक के हस्ताक्षर (वैकल्पिक)

दिनांक

STUDENT ACKNOWLEDGEMENT FORM

I ..... Father ..... Dated  
on..... have taken Admission in The Recognition of Skills Courses by LUVEE SKILLS (Leela's  
Foundation).

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, State / Central University ( Govt. or Privet). I am fully aware that the course chosen by me  
is approved Skill Course by National Skill Development Corporation.

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

लूवी LUVEE®  
SKILLS

## Pre Training / OJT 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

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

Date \_\_\_\_\_

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

RECENT  
PHOTO

### 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