



GENAXX INSTITUTE OF VOCATIONAL & TECHNICAL EDUCATION

## जैनैक्स व्यावसायिक एवं प्रोद्योगिक शिक्षण संस्थान (स्वशासी)

(An Autonomous Institute Running Under The Aegis of Regd. Indian Trust Act 1882 Act.) | Regd. Under C.R. Act Under Ministry of HRD (Dept. Secondary & Higher Education)  
Regd. Under Ministry of Small & Micro Enterprises (MSME) & NITI Aayog | Member of Quality of Council of India (QCI)

# **ADMISSION CUM EXAMINATION FORM**

Examination Session:

Regular  DDL

## ATC Code

ATC Name :

Paste Your  
Recent Color  
Photo with Self -  
Attestation.  
Don't Pin or  
Stapled

1. Name of the course : \_\_\_\_\_

2. Student Name (in Block Letter) :

3. Father's Name :

5. Address for Communication (in Block Letters):

A horizontal bar consisting of 20 squares arranged side-by-side. The colors of the squares follow a repeating pattern: white, light red, light grey, and dark grey. There are 10 white squares, 5 light red squares, 5 light grey squares, and 1 dark grey square.

Phone No:

Email ID :

6. (a) Date of Birth :        (b) Age :  (c) Sex : M  F

(d) Nationality :       (e) Mother Tongue

#### 7. Previous Academic Qualification:

S.No	Examination Passed	Board / University	Reg.No / Year of Passing	Marks Obtained	% of Marks	Medium

8. Subjects taken in Certificate / Diploma :

1. .... 2. .... 3. ....

4. .... 5. .... 6. ....

7. .... 8. .... 9. ....

9. Employment Record

(a) Designation :

(b) Company Name & Address with Phone No :

(c) Period of Employment :

10. Mention how you came to know GIVTE

(Newspapers/Website/Brochures) Student of GIVTE  New

Paper Ads  Handbills

Facilities of GIVTE  Wall Poster  Poster

11. Details about payment of fee

(a) Amount Rs. :

(b) Name of the Bank :

(c) D.D. No. & Date :

12. I declare that the particulars given above are correct and that I will, if admitted, abide by the rules & regulations of GIVTE.

13. I am aware of the fact that the course I desire to join is NOT recognized by Directorate of School Education, Directorate of Technical Education, AICTE & NCTE.

Place: \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Student

**Enclosures:**

- (a) Xerox copy of (i) Date of Birth Certificate (ii) Educational Qualification
- (b) Demand Draft. (c) Address Proof & Identity Proof (Aadhaar Card Copy)
- (d) Passport Size Photos -5 Nos

**OFFICE USE ONLY**

ATC Name & Code :

Date :

Verified and Checked,

Coordinator Signature with Seal