

CENTRE FOR SKILL DEVELOPMENT AND INFORMAL EDUCATION (CSDIE)

CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI

Sector-8, Old CSVTU Building, Bhilai (CG), 491107, Ph 0788-2261311

REGISTRATION/APPLICATION FORM

Name of	the Course Applied:			
Name of	candidate:			
Father's	Name:			Paste Passport
Date of E	Birth: S	ex:		Size Color
Occupati	on:			Photograph Here
Qualifica	tion:			
Address:				
Email id:				
Phone no).:	Mobile no.:		
Time: Ti	ck whichever is appl	icable		
	(A)Batch-I (Morning- 8:00 AM	to 10:00 AM	
	(B) Batch-II	(Evening- 6:00 PM	to 8:00 PM	
Fee Deta Amount: Name of (Please v	Dank:	DD No. course applied for in	Date: the back of DD also)	
Date:				Signature
2. 3. 4.	Time/Batch will be allotted as per the convenience of the applicant in general, however candidate may be asked to change the batch as per the requirements of the course. The fee deposited for any course is non-refundable & non-transferrable. Information regarding the classes will be sent through mail/phone after registration. If applicant is in Government service, they need to apply through proper channel.			
	Course and Time allo	For Of otted:	fice Use Only	
	Place & Date:		Signature of CSDIE	E Coordinator