Session: 201..... - 201......



TECHNICAL SHIKSHA VIKASH MISSION

(ISO 9001: 2015 Certified Institute)



APPLICATION FORM AUTHORISED TRAINING CENTER

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For office Use									D.D./Cheque No./Cash																	
ATC No								D.D. Date																		
w.e.f								Amount																		
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Dear Sir.	Dear Sir,															<u> </u>										
We wish	n to,	арр	oly f	or A	utho	orise	ed Ti	raini	ing (Cent	er o	f the	e TS	SVM	l. Th	ie ap	plic	atio	n fo	rm,						
duly completed is submitted along with relevant supporting documents and Processing Fee																										
Rs. 10,000/- (Rupees Ten Thousand only) (Non-Refundable)																										
																					Passport Size Photo					
Our enrolment as Authorised Training Center										we shall be bound by the Memorandum and											1 11010					
Articles of Association of the TSVM.									we shall be bound by the Memorahuani and																	
1. Full Name of the Institute :																	_									
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Address :																										
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3. Name	of D	ire	ctor						•							•										
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5. Address of Director:																										
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6.	Firm	So	ole Proprie	etary	Comp	pany	Bod	y Corpo	orate	Othe	er	Societ	y	Trus	st
7.	7. How did you come to knowledge about TSVM														
	Newsp	aper	Website	Friend/F	Relative	Marketi	ng team	Walk-In	Outdoor	TV AD	Insert	Telecom	SMS	Invite	Other
	here b belief.	y de I un	dare that derstand n given ab	the info	ormatio	on furni dature i	shed ir	S/o-D/ n this fo e to the	rm is tru cancelle	e to t	ne be	st of my	knov	wledge	e and
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Head Office: Chilkahar, near railway station, **District**. Ballia (U.P.) - 221701 **Helpline**: **7518722114**, **Website**: www.Kvmedu.in, **Email**: **kvmeduinfo@gmail**.com