

**INDIAN BOARD OF  
SKILL DEVELOPMENT  
AND SCHOOL  
EDUCATION**

2/34- Susila Nagar, IT Expressway  
OMR, Chennai – 603 103.  
Phone: 044- 42867372  
Mobile: 90928 13877



**Affix your  
passport size  
photo here**

**Reg No.**

**Date:**

## APPLICATION FORM

**1. Name of the course you wish to join**

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**2. Full Name (in Block Letter)** \_\_\_\_\_

**3. Name of father / Guardian / Husband** \_\_\_\_\_

**4. (a) Address for correspondence (in Block Letters)** \_\_\_\_\_

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

**Phone No:** \_\_\_\_\_ **Email I.D:** \_\_\_\_\_

**(b) Permanent Address (in Block Letter)** \_\_\_\_\_

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**5. (a) Date of Birth** \_\_\_\_\_

**(b) Age** \_\_\_\_\_

**(c) Nationality** \_\_\_\_\_

**(d) Sex** \_\_\_\_\_

**6. Academic Qualification:**

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**7. Employment Record:**

(a) Designation \_\_\_\_\_

(b) Office: Name & Address  
With Telephone No.

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(c) Period of Employment \_\_\_\_\_

**8. Mention the Newspaper in which you saw our Institute Advertisement**

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**9. I declare that the particulars given above are correct and that I will, if admitted, abide by the rules & regulations of Indian Board of Skill Development and School Education**

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

Signature of the Applicant

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

.....  
(For office use only)

Details about payment of fee

Cash ☐ Cheque ☐

(a) Amount Rs. \_\_\_\_\_

(b) Name of the Bank \_\_\_\_\_

& Cheque No.