



GENAXX INSTITUTE OF VOCATIONAL & TECHNICAL EDUCATION

जेनैक्स व्यावसायिक एवं प्रौद्योगिक 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 :

Enrollment No :

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 :

4. Mother's Name :

5. Address for Communication (in Block Letters):

Pin Code : Phone No:

Email ID :

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

(d) Nationality : (e) Mother Tongue

(f) AdharCard No :

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

UNDERTAKING TO WHOM IT MAY CONCERN

Affidavit (Rs 10/- Stamp Paper)

Re: CMS-ED/Training of GIVTE,Varanasi

Dated: _____

I have read and understood the Rules, Regulations and Directives of Genaxx Institute of Vocational and Technical Education (GIVTE) and I promise to obey and abide by all of them at the time of training and completion of the training i.e. at the time of offering service to the people. I further declare the following:

1. That I know well that the Course for which I have enrolled myself is a Certificate Course of primary health worker under the guideline of WHO.
2. That I know, believe and promise that I will not claim for any appointment or job after completion of the Course/Training as I know well, that the Course is completely for a health worker for making people health aware and help to maintain primary health care programme of the country.
3. That I promise not to introduce and call myself a Doctor and/or put the sign or word to denote Dr. (Doctor) before my name to misguide people. If I do so for my any such wrongful act GIVTE and/or other authority involved in this training will not be liable at all in any manner.
4. That I Promise to pay the admission fee, tuition fee and examination fee etc. prevailing or as modified from time to time as course/training fee payable by me as prescribed by GIVTE /local Committee.
5. That I also declare that if any problem/dispute arises in connection with this training will be solved at the centre/organizer level. The Organizer/Centre will be the highest authority for solving any sort of disputes and I agree to obey and abide by the decision and rulings of the Centre of GIVTE as final.
6. Finally I solemnly declare that I will not misuse any way the motto of the training and in any manner at the time of dealing, counseling and providing primary health care to the people.
7. I will renew my MPD number at specified interval of time abiding the rules of the organization so long I will offer services after passing, and my failure to renew the MPD No. In time may make my name to be removed from the central register.
8. I have read the prospectus and understood the rules and regulation of the organization regarding the CMS & ED courses and I will follow the same rules & regulation and other as and when changed by the organization.

I remain, yours faithfully

Signature of the Student

MPD No:-

Center No:-