



SCVT EXAMINATION FORM

NOTE: IF THE FORM HAS BEEN DOWNLOADED FROM THE WEBSITE OR PHOTOCOPIED AFTER BEING DOWNLOADED FROM THE WEBSITE ADD RS./-10 AS THE COST OF FORM IN THE PRESCRIBED FEE FAILING WHICH THE FORM IS LIABLE TO BE REJECTED

Note: All particulars in the form must be filled in by the candidate in his/her own handwriting legibility and neatly in (CAPITAL LETTERS)

1. Registration No.

Registration number input boxes

Examination to be held : Month [] [] Year [] [] [] []

2. Name of candidate (IN CAPITAL LETTERS):

Name of candidate input boxes

3 Father's/Husband's Name

Father's/Husband's Name input boxes

4. Name of the Institution

Name of the Institution input boxes

Code [] [] [] []

5. Name of Trade

Name of Trade input boxes

Code [] [] [] []

6.(Tick the appropriate box) Regular [] Re-appear []

7. Subject(s) in which appearing

Table with columns: S.No., Subject Name, Subject Code. Rows 01 to 12.

8. No. of chances already availed: [] []

9. Have you ever been disqualified by this board from appearing in any examination ,If so,fill the following:

Table with columns: Roll No., Name of the examination Centre from which the U.M.C was reported, Session of Examination in which case was detected, Period for which Disqualified.

I solemnly declare that the statement made by me in this form is correct and true and noting has been concealed and that I understand that any wrong statement on my part will result in disqualification for all future examinations to be conducted by the Board.

CERTIFICATE BY THE PRINCIPAL

- 1. Certified that ... is / was bonafide student of this institute and has completed his course satisfactorily.
2. Certified that the particulars given above by the candidate are correct to best of my knowledge.
3. Certified that the Roll number shall be delivered to the candidate provided he/she attains the requisite number of attendance prescribed by the Board and is otherwise eligible for appearing in the examination.
4. The admission fee of Rs. ... of the candidate is included in the amount of Rs. ... remitted to the secretary H.P Takniki Shiksha Board, Dharamshala vide Bank Draft No. ... Date ...

Signature of Candidate box

Signature of Candidate

Signature of Principal with Seal box

Signature of Principal with Seal

Dated _____

TRADE CODE & TRADE NAME

01	ART & CRAFT.
02	AYUVEDA PHARMACIST.
04	HOTEL MANAGEMENT & HOSPITALITY SERVICES,
05	LIBRARY SCIENCE.
06	MARKETING & ADVERTISEMENT
07	ASS COMMUNICATION. OR PHYSICAL TRAINING INSTRUCTOR.
09	PUMP OPERATOR/ONANO MAINTENANCE (NS).
10	TOURISM AND TRAVEL OPERATIONS.
11	MOTOR WINDING 'ELECTRIC WIREING.
12	BEAUTICIAN.
13	DRIVER/CUM MAINTENANCE MECHANIC (LMV)
14	MULTIPURPOSE MECHANIC (ELECT & ELTX).
15	PLUMBING & SANITATION
16	TEXTILE TECHNICIAN,
17	TEXTILE DYEING & PAINTING. " MOTOR DRIVING & HEAVY EARTH MOVING MACHINERY OPERATOR.
19	DIPLOMA IN MEDICAL LAB TECH
20	DIPLOMA IN MEDICAL RADIOLOGY TECH.

Note :

1. Subject Code should be strictly filled as per the list of Subject along with its code supplies to Institution.
2. Board will not be responsible for any error in Subject name and its Code filled by the candidate. In case of variation in Subject name and its Code the Name of Subject will be considered by the Board Office.

CATEGORY	CODE
SC	01
ST	02
OBC	03
GEN	04