



All India Council For Vocational & Paramedical Science

(Run by All India Council for Vocational & Paramedical Science)

MIGRATION FORM

1. Study Centre Name :

2. Study Centre Code :

3. Registration No. :

4. Name of the Student in CAPITAL Letter (Leave One Blank after one word):

5. Father's Name in the CAPITAL Letter (Leave One Blank after one word):

6. Mother's Name in the CAPITAL Letter (Leave One Blank after one word):

7. Correspondence Address in the CAPITAL Letter (Leave One Blank after one word):

Photograph
of Applicant

State Pincode

8. Mobile No. Whatsapp No.

9. E-mail ID :

10. Date of Birth : 11. Gender : ✓ (Please Tick Mark)

12. Nationality : If Others Please Specify _____ ✓ (Please Tick Mark)

13. Category : (Fill 1 for General, 2 for SC, 3 for ST, 4 for OBC, 5 for Ex-Servicemen)

14. Centre Name

15. Course Name

16. Course Code

FEE DETAILS

Rs. 300/- to be paid though Cash / Demand Draft (DD) or Debit / Credit Card. In case of fee paid through DD give the following details:

D.D. No. **Date** **Branch**

Demand Draft of Rs. 300/- to be made in favour of "AICVPS" payable at Hisar

In case of fee paid though Cash or Debit / Credit Card: Receipt No.

Date

Enclosures (Photocopy Self attested) (✓)

- ☐ Certificate of 10th Class
- ☐ Mark sheet of 12th Class
- ☐ Diploma Marksheet
- ☐ Identity Proof

Signature of the Applicant

The application filled in by the student, along with requisite fee & copies of certificate must be submitted to respective Institution.