



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

