KAUSHAL VIKAS COUNCIL OF SKILLS & VOCATIONAL STUDIES

Re-appear Form

500 Per Paper Examination Fee

1. Enrollment No…….. Examination Session: **SC Code:**
2. Programme/ Course: ……specialization:…… DOB:……
3. Name of the Candidate ……
4. Father's Name ……Contact No.……
5. **Fill Re-Appear Exam Paper:**

1st Year Paper & Code

Paper Name	Code

Paper Name	Code

2nd Year Paper & Code

Paper Name	Code

Paper Name	Code

Total Fees Rs. …… Receipt No. …… Date: ……

Signature of the Candidate with Date

Received by dealing Authority at STUDY CENTER