



TM

# National Board of Vocational Training Education


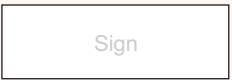
(Sponsored by- NBVTE Education Skills Council )

## CORRECTION APPLICATION FORM

- Channel Partner (CP)  
 Authorized Training Center (ATC)  
 Training Partner (TP)


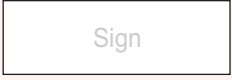
Please fill up your previous/old details

### Institute Details

Approved Center Code	<input type="text"/>	  
Application Date	<input type="text"/>	
Old Institute Name	<input type="text"/>	
Old Director Name	<input type="text"/>	
Old Institute Mail Id.	<input type="text"/>	
Education Mode	<input type="text"/>	
<input type="checkbox"/> Regular Institute	<input type="checkbox"/> Distance Institute	
Institute Contact Number	<input type="text"/>	
Types of Institute	<input type="text"/>	
Address	<input type="text"/>	
Dist./City	State <input type="text"/>	Pin Code <input type="text"/>

Please fill here the details which you want to Change, The Institute Name/Address/mail Id/contact No/Institute Director Name.

Please fill the details in the box given below

Approved Center Code	<input type="text"/>	  
Application Date	<input type="text"/>	
New Institute Name	<input type="text"/>	
New Director Name	<input type="text"/>	
New Institute Mail Id.	<input type="text"/>	
Education Mode	<input type="text"/>	
<input type="checkbox"/> Regular Institute	<input type="checkbox"/> Distance Institute	
Institute Contact Number	<input type="text"/>	
New Types of Institute	<input type="text"/>	
New Address	<input type="text"/>	
Dist./City	State <input type="text"/>	Pin Code <input type="text"/>

Date

Institute Seal and Sign.