



HOPE INSTITUTE OF VOCATIONAL EDUCATION (HIVE)

3/188, Shanthinagar, SIH – R & LC, Karigiri Hospital,
Kandipedu Panchayat, Katpadi Taluka, Vellore - 632106



Application for New Admission

(Batch starting from July, 9th, 2018)

Paste Your Passport
Size Photograph here

Name:

Age:

Date of Birth:

Sex:

Father's Name:

Father's Occupation:

Mother's Name:

Mother's Occupation:

Address for Correspondence:

Mobile Number:

E Mail ID:

Religion:

Monthly Family Income:

Educational Qualification:

Class / Course Studied	Name of the School / Institution	Registration Number	Board of Examination	Year Passed	Percentage of Total Marks Obtained

English Proficiency:

Reading: Very Good / Good / Fair / Not Proficient

Writing: Very Good / Good / Fair / Not Proficient

Speaking: Very Good / Good / Fair / Not Proficient

Please Mention Your Extra-Curricular Activities / Hobbies / Leisure time Activities:

Through which medium you came to know about the HOPE House / HIVE ?

Word of the mouth

HIVE Brochure

Wall Bills

Internet

Do you need accommodation? Yes/ No

I hereby declare that the above given details are true to the best of my knowledge.

Place:

Signature of the Applicant

Date:

Place:

Signature of the guardian

Date: