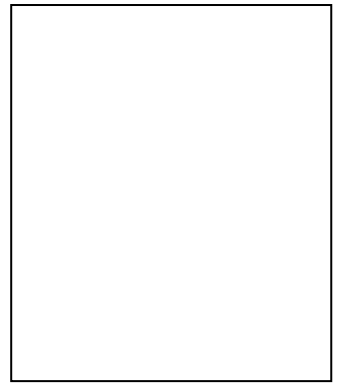




**VISION AUTOMATION SOLUTIONS
JAIPUR
Enrollment form**



Enrollment No.:..... **Date:**.....

Name: **Contact No.**.....

Date of Birth:..... **Date of Starting -**

Qualification:.....**Email:**.....

Father's Name:.....**Contact No.**.....

Permanent Address:.....

.....

Education Details:

School/College Name		Address	Year Of Passing	Percentage
	10 th			
	12 th			
	B.Tech./Dip.			

Back Paper/Clear: -

For Professionals:

Company Name	Area of operation	Designation	From	To

REMARK -

.....

*Information given above is true & best of my knowledge.

For Vision Automation Solutions

Candidate's Signature:

Note: Fees once paid will not be refunded