

ANGANWADI

आंगनवाड़ी

SUPERVISOR TEACHER

WORKER (KARYAKATRI)

पर्यवेक्षक टीचर

वर्कर (कार्यकर्त्री)

SKILL DEVELOPMENT PROGRAMME-2025

Welcome to NISDE Skill Development Programme Entrance -2025

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About Us

राष्ट्रीय कौशल विकास शिक्षा संस्थान (एन.आई.एस.डी.ई.) भारत भर में कौशल विकास और व्यावसायिक शिक्षा पर केंद्रित एक प्रमुख संगठन है, जो भारतीय ट्रस्ट अधिनियम 1882 के तहत पंजीकृत है, एन.आई.एस.डी.ई. का मिशन तकनीकी और गैर-तकनीकी दोनों कौशल पर ध्यान केंद्रित करने वाले विशेष प्रशिक्षण कार्यक्रम प्रदान करके शैक्षिक विकास को बढ़ाना है।

एन.आई.एस.डी.ई की मुख्य विशेषताएँ:

कार्यक्रमों की विस्तृत श्रृंखला: एन.आई.एस.डी.ई शिक्षक प्रशिक्षण, तकनीकी पाठ्यक्रम, प्रबंधन शिक्षा, गैर-तकनीकी पाठ्यक्रम, योग प्रशिक्षण और प्रारंभिक बचपन देखभाल शिक्षा सहित विभिन्न प्रकार के पाठ्यक्रम प्रदान करता है। ये कार्यक्रम रोजगार क्षमता बढ़ाने और युवाओं और महिलाओं दोनों को उनकी शैक्षिक यात्रा में सहायता करने के लिए डिज़ाइन किए गए हैं।

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जब तक जीना, तब तक सीखना, अनुभव ही जगत में सर्वश्रेष्ठ शिक्षक है।

स्वामी विवेकानंद

Online Form Submission

Know Your Status

Candidate Help

[Click here to Apply/Registration](#)

- Candidate Registrations
- Photo with Signature uploading
- Address Details Submission
- Application Fee Deposition
- Print Application Form

Result

Admission/ Admit Card

Important Court order Download

Notice Board

- 25 March 2025**
राष्ट्रीय कौशल विकास शिक्षा संस्थान (National Institute of Skill Development Education) द्वारा सुपरवाइजर, कंप्यूटर टीचर, कंप्यूटर ऑपरेटर(DTP), बाफिक डिजाइनर, मन्टी टास्किंग स्टाफ(MTS), हाउस कीपर के पदों पर भर्ती का पूर्ण नोटिफिकेशन
- 25 March 2025**
राष्ट्रीय कौशल विकास शिक्षा संस्थान (National Institute of Skill Development Education) द्वारा आंगनवाड़ी पर्यवेक्षक (महिला सुपरवाइजर), आंगनवाड़ी कार्यकर्त्री, आंगनवाड़ी सहायिका पाठ्यक्रमों (केवल महिलाओं के लिए) में प्रवेश हेतु नोटिफिकेशन जारी
- 24 March 2025**

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National Institute of Skill Development Education
National Institute of Skill Development Education (NISDE) is a registered trust under the provisions of Indian Trust Act, 1882.
NISDE Published other content



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प्रवेश सत्र-2025 नोटिफिकेशन जारी

आंगनवाड़ी सुपरवाइजर
आंगनवाड़ी टीचर
आंगनवाड़ी वर्कर

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आंगनवाड़ी टीचर
आंगनवाड़ी वर्कर

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दैनिक भास्कर



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आंगनवाड़ी

प्रवेश सत्र-2025 नोटिफिकेशन जारी

आंगनवाड़ी सुपरवाइजर
आंगनवाड़ी टीचर
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अमर उजाला

Student Zone

[Admission Letter](#)

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[Student Login](#)

FAQs

List of common inquiries and their brief answers to provide quick information and assist users.

Will we get a job after doing this training?	क्या इस ऑनलाइन प्रशिक्षण / पाठ्यक्रम के बाद हमें नौकरी मिलेगी?
Where will we deposit the fees?	शुल्क जमा कहाँ करेंगे?
Where will its examination center be made and where will the training take place?	इसका परीक्षा केंद्र कहाँ बनाया जाएगा और क्लासेस कहाँ होगी?
If at any stage while filling the application is left incomplete?	यदि आवेदन पत्र भरते समय किसी भी चरण में आवेदन पत्र अधूरा रह गया है?
The name of the board from which I have passed the exam is not there in the drop down menu. What shall I do?	जिस बोर्ड से मैंने परीक्षा उत्तीर्ण की है उसका नाम ड्रॉप डाउन मेनू में नहीं है। मैं क्या करूँगा?
In what format should the photo & signature be scanned and of size?	फोटो और हस्ताक्षर किस प्रारूप में और किस आकार के स्कैन होने चाहिए?
On what basis will we be selected?	हमारा चयन किस आधार पर होगा?
How should the candidate pay the prescribed fee?	उम्मीदवार को निर्धारित शुल्क का भुगतान कैसे करना चाहिए?
Is it possible to make any kind of correction in the data after submit?	क्या फॉर्म जमा करने के बाद डेटा में किसी प्रकार का सुधार करना संभव है?
What preparations should the applicant make before registration?	पंजीकरण से पहले आवेदक को क्या तैयारी करनी चाहिए?



Home > Advertisement

Click here to Read Instructions

Advertisement Applicable for online Submission Only

S.No.	Program Name	Admission Type	Advertisement Number / Date	Registration Start Date/ Last Date	Instruction	Apply
1	National Institute of Skill Development Education (NISDE) Invites Application for Variour POST	Direct	01/2025 31/05/2025	31/03/2025 30/05/2025	User Instructions View Advertisement	CLICK HERE
2	National Institute of Skill Development Education offered Health Supervisor (CMS ED) Program-2025	Direct	02/2025 (01 Batch) 10/06/2025	04/04/2025 09/06/2025	User Instructions View Advertisement	CLICK HERE

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User Login/ Registration

Applied For (एप्लाइड फॉर)

SELECT

Candidate Name (उम्मीदवार का नाम, अधिकतम 35 अक्षर)

CANDIDATE'S NAME

Mobile Number (मोबाइल नंबर)

ENTER MOBILE NUMBER

Please fill out this field.

Email (ई-मेल)

enter email

[Send OTP](#)

Important Information (महत्वपूर्ण सूचना)

Read the below instructions carefully, before filling up the form:

1. Candidate has to fill the details to receive the OTP.
2. Candidate will receive the OTP (One Time Password) on the registered email address and or on the registered mobile number.
3. Candidate can login with the registered mobile number and OTP to complete the application form for NISDE.
4. Fields marked with * are mandatory.
5. Candidate must provide Correct Name, Mobile Number and Email Address as these details cannot be changed once the registration is completed.

Steps to be followed

- | | | | |
|---------|----------------------------|---------|--------------------------------|
| Step 01 | Candidate Registration | Step 02 | Photo with Signature uploading |
| Step 03 | Address Details Submission | Step 04 | Application Fee Deposition |
| Step 05 | Print Application Form | | |

[Click here to Send OTP
on Registered Moblie/ E Mail ID](#)



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User Login/ Registration

Applied For (एप्लाइड फॉर)

Candidate Name (उम्मीदवार का नाम, अधिकतम 35 अक्षर)

Mobile Number (मोबाइल नंबर)

Email (ई-मेल)

OTP sent successfully to Email ID: [redacted] and Mobile Number: [redacted]

Enter OTP (ओटीपी दर्ज करें)

Fill OTP Here

Didn't receive OTP? Resend in 47 seconds

Verify OTP

Click here to Verify OTP

Important Information (महत्वपूर्ण सूचना)

Read the below instructions carefully, before filling up the form:

1. Candidate has to fill the details to receive the OTP.
2. Candidate will receive the OTP (One Time Password) on the registered email address and or on the registered mobile number.
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Steps to be followed

Step 01

Candidate Registration

Step 02

Photo with Signature uploading

Step 03

Address Details Submission

Step 04

Application Fee Deposition

Step 05

Print Application Form

Important Note

Note Your Registration No.

Your Registration no is
Please note it for future reference

» Please note that the following details are required to successfully complete the process of registration.
कृपया ध्यान दें कि आवेदन प्रक्रिया को सफलतापूर्वक पूर्ण करने के लिए निम्नलिखित विवरण आपके पास होना आवश्यक है।

Sr. No.	Details
1	Documents related to Required Qualifications for the Course
2	Photograph & Signature with proper size (jpg./jpeg./tif./png format)
3	Debit card/ Net banking/QR Code/ UPI for payment of Application processing fee of 500/- (400/- for SC/ST) only

Advertisement Number	Programme Name	Course Name	Qualification	Duration
02/2025 (01 Batch)	National Institute of Skill Development Education offered Health Supervisor (CMS ED) Program-2025	Health Supervisor (CMS & ED)	Intermediate	02 Year

Instructions:

ENGLISH

Please keep all the necessary information and scanned images(s) of Photograph, Signature ready before you start filling the On-Line Registration Form. Candidates have to apply through ONLINE mode only.

- Name and Date of Birth as per High School Mark Sheet/Certificate
- Name of the Intermediate Educational Board, Year of passing, Roll Number etc
- 10th and 12th : Name of the Educational Board, Year of passing, Roll Number, Obtained Mark, Total Mark and Grade equivalent Percentage (in case of Grade System).

If the candidate is found ineligible at any stage of admission process, he/she will be disqualified and his/her candidature will be cancelled. Hiding of information or submitting false information will lead to cancellation of candidature at any stage of admission. Please ensure that you are filling genuine Registration form available online at NISDE website . Registration Procedure to be completed in Five Steps.

Step 1: Online filling of Registration Form:

Candidates will be required to fill the online Registration form. After successful submission, an Registration number gets generated that will be used for future reference. For subsequent login, system generated Registration No OR Mobile No. will be used. Candidate must give a working and Correct Mobile No and E-Mail ID

Step 2: Filling of Address Details :

I Agree

Uploading of scanned Photo, signature are mandatory for all candidates. Scanned Images should be in JPG/JPEG/PNG/TIF format. Candidates are required to upload all images in one-go. Partial uploading is not allowed

**Read the Complete Instructions.
and then Click on I Agree Button**



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1 Application >> 2 Address Details >> 3 Upload Photo & Signature >> 4 Fee Deposit >> 5 Print Application Form >>

REGISTRATION DETAILS

Advertisement Name: NATIONAL INSTITUTE OF SKILL DEVELOPMENT EDUCATION OFFERED HEALTH SUPERVISOR (CMS ED) PROGRAM-2025

Advertisement Number: 02/2025 (01 BATCH)

Applied For: HEALTH SUPERVISOR (CMS & ED)

Registration Number:

Date for Calculating Age: 31-03-2025

Type of Admission: DIRECT

Duration: 02 YEAR

CANDIDATE'S PERSONAL INFORMATION

Candidate's Name * (Max. 35 Chars.)

उम्मीदवार का नाम (अधिकतम 35 अक्षर)

Date Of Birth (DD/MM/YYYY) *

जन्म तिथि

Mother's Name * (Max. 35 Chars.)

माता का नाम (अधिकतम 35 अक्षर)

Father's/Husband's Name * (Max. 35 Chars.)

पिता/पति का नाम (अधिकतम 35 अक्षर)

Select Category *

श्रेणी चुनना

Select Gender *

लिंग चुनें

Nationality

राष्ट्रीयता

Are you Married ? *

क्या आप शादीशुदा हैं ?

Mobile Number *

मोबाइल नंबर

Alternate Mobile Number

वैकल्पिक मोबाइल नंबर

Email ID *

ईमेल आईडी

Select Identity Card *

पहचान पत्र चुनें

HIGH SCHOOL , INTERMEDIATE BOARD, YEAR OF PASSING & ROLL NUMBER DETAILS * ↓

Sr. No	Examination Passed	Board Name/ Institute/ University	Year of Passing	Roll Number	Is Grade System	Obtained Marks/CGPA	Total Marks	Percentage
1	HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	INTERMEDIATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration:- I hereby declare that I have submitted only one application form, and that all the information provided above is true and accurate to the best of my knowledge and belief. In case of any discrepancy, I understand that my admission may be canceled at any time.

Click on
Check Box

Enter Captcha *

ce05dd

ce05dd



Type the characters shown in the picture

CAPTCHA is valid.

Click here to
SUBMIT

SUBMIT



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Candidate's Application Form

REGISTRATION DETAILS

Advertisement Name: NATIONAL INSTITUTE OF SKILL DEVELOPMENT EDUCATION OFFERED HEALTH SUPERVISOR (CMS ED) PROGRAM-2025

Advertisement Number:	02/2025 (01 BATCH)	Applied For:	HEALTH SUPERVISOR (CMS & ED)	Registration Number:	<input type="text"/>
Date for Calculating Age	31-03-2025	Type of Admission	DIRECT	Duration:	02 YEAR

CANDIDATE'S PERSONAL INFORMATION

Candidate Name :	<input type="text"/>	Date Of Birth :	<input type="text"/>
Mother's Name :	<input type="text"/>	Father's Name :	<input type="text"/>
Category :	<input type="text"/>	Gender :	<input type="text"/>
Mobile Number :	<input type="text"/>	Are you Married ? :	<input type="text"/>
Email ID :	<input type="text"/>	Alternate Mobile Number :	<input type="text"/>
Identity Card :	<input type="text"/>	Identity Card Number :	<input type="text"/>

HIGH SCHOOL , INTERMEDIATE BOARD , , YEAR OF PASSING & ROLL NUMBER DETAILS * ↓

Sr. No	Examination Passed	Board Name/ Institute/ University	Year of Passing	Roll Number	Is Grade System	Obtained Marks/CGPA	Total Marks	Percentage
HIGH SCHOOL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
INTERMEDIATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE ↓

- Please check all the details filled before submitting. Once the form has been submitted, it can not be edited.
- Your application will be incomplete if the required fee is not paid.
- Fee can be paid through payment gateway.
- Final application can be submitted latest by 23:59 hrs on/before
- *Please try to submit well before the last date to avoid unnecessary network traffic congestion.

Click on Check Box

I declare that I have read the user instructions & detailed advertisement

Edit

Click here to Proceed For Address Details

For Any Correction Click on EDIT Button

Click here to Proceed



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REGISTRATION DETAILS

Click Here to Check

CANDIDATE'S PERSONAL INFORMATION

HIGH SCHOOL , INTERMEDIATE BOARD , YEAR OF PASSING & ROLL NUMBER DETAILS * ↓

ADDRESS DETAILS * ↓

Permanent Address (स्थायी पता)

City (शहर)

State (राज्य)

Pin Code (पिन कोड)

Same As Permanent Address

Correspondence Address (पत्राचार का पता)

City (शहर)

State (राज्य)

Pin Code (पिन कोड)

I accept the following declaration

- I hereby declare that I have read all term & condition according advertisement and I accept it.
- I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.
- In case any discrepancy or irregularity being found false or incorrect or ineligibility being detect before or after Admission, the Institute can take action against me as per rule in case it is found on any issue then I will solely responsible for all penal consequences thereof.

Click on Check Box

NOTE ↓

- Please check all the details filled before submitting. Once the form has been submitted, it can not be edited.
- Your application will be incomplete if the required fee is not paid.
- Fee can be paid through payment gateway.
- Final application can be submitted latest by 23:59 hrs on/before
- *Please try to submit well before the last date to avoid unnecessary network traffic congestion.

Click here to SUBMIT

Submit Close



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REGISTRATION DETAILS +

CANDIDATE'S PERSONAL INFORMATION +

HIGH SCHOOL, INTERMEDIATE BOARD,, YEAR OF PASSING & ROLL NUMBER DETAILS * ↓ +

ADDRESS DETAILS * ↓

Permanent Address *

Permanent Address (स्थायी पता)

City (शहर)

State (राज्य)

Pin Code (पिन कोड)

Correspondence/ Mailing Address *

Permanent Address (स्थायी पता)

City (शहर)

State (राज्य)

Pin Code (पिन कोड)

NOTE ↓

- 🔔 Please check all the details filled before submitting. Once the form has been submitted, it can not be edited.
- 🔔 Your application will be incomplete if the required fee is not paid.
- 🔔 Fee can be paid through payment gateway.
- 🔔 Final application can be submitted latest by 23:59 hrs on/before **10/06/2025**.
- 🔔 ***Please try to submit well before the last date to avoid unnecessary network traffic congestion.**
- 🔔 I hereby declare that I have read all term & condition according advertisement and I accept it.
- 🔔 I hereby declare that all the entries/ statements made in this application are true, complete and correct to the best of my knowledge and belief.
- 🔔 In the event of any information being found false or incorrect or ineligibility being detect before or after Admission, the Institute can take action against me as per rule in case it is detected that I have misled NISDE on any issue then I will solely responsible for all penal consequences thereof.

Edit

[Click Here To Proceed For Photo And Signature](#)[Click here to Proceed](#)

**For Any Correction Click
on EDIT Button**



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REGISTRATION DETAILS



CANDIDATE'S PERSONAL INFORMATION



HIGH SCHOOL, INTERMEDIATE BOARD, YEAR OF PASSING & ROLL NUMBER DETAILS * ↓



ADDRESS DETAILS * ↓



↓ PHOTO & SIGNATURE UPLOAD ↓

NOTE: A recent, CLEARLY recognizable passport size photograph (35mm x 55mm) should be uploaded by the candidate in the online application form and the signature uploaded should be clear and legible. Candidates are also advised not to change their appearance till the process is completed.

Scanned Photograph of the Candidate

Choose File WHATSAPP IM...33.56 PM.JPEG

Image should be of size W * H (35 MM * 45 MM) in .jpg or .jpeg, and tif format and should not exceed 1 MB.

Click Here to Upload Photograph

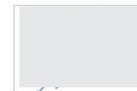


Scanned Signature of the Candidate

Choose File S014.JPEG

Image should be of size W * H (30 MM * 20 MM) in .jpg or .jpeg, and tif format and should not exceed 500KB.

Click Here to Upload Signature



Click here to UPLOAD

Upload



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REGISTRATION DETAILS

CANDIDATE'S PERSONAL INFORMATION

HIGH SCHOOL , INTERMEDIATE BOARD , GRADUATE YEAR OF PASSING & ROLL NUMBER DETAILS * ↓

ADDRESS DETAILS * ↓

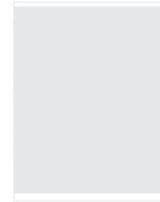
↓ PHOTO & SIGNATURE UPLOAD ↓

NOTE: A recent, CLEARLY recognizable passport size photograph (35mm x 55mm) should be uploaded by the candidate in the online application form and the signature uploaded should be clear and legible. Candidates are also advised not to change their appearance till the process is completed.

Scanned Photograph of the Candidate

Choose file NO FILE CHOSEN

Image should be of size W * H (35 MM * 45 MM) in .jpg or .jpeg, and tif format and should not exceed 1 MB.



Scanned Signature of the Candidate

Choose file NO FILE CHOSEN

Image should be of size W * H (30 MM * 20 MM) in .jpg or .jpeg, and tif format and should not exceed 500KB.



Click here to Proceed

Click here to Proceed for Payment




 राष्ट्रीय कौशल विकास शिक्षा संस्थान
NATIONAL
 Institute of Skill Development Education


APPLY ONLINE



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1 Application 2 Address Details 3 Upload Photo & Singnature 4 Fee Deposit 5 Print Application Form

REGISTRATION DETAILS +

CANDIDATE'S PERSONAL INFORMATION +

HIGH SCHOOL , INTERMEDIATE BOARD , YEAR OF PASSING & ROLL NUMBER DETAILS * ↓ +

ADDRESS DETAILS * ↓ +

↓ PAYMENT ↓

Your application details are saved successfully against the registration number :

Please pay the required fee then only your application will be submitted.

Fee	Payment gateway charge	Fee to be deposited
<input type="text"/>	2%	<input type="text"/>

[Click Here To Pay The Required Fee](#)
[Click here to Pay](#)

NOTE ↓

- ⚡ Please Note Down Candidate Registration No. for Future communication.
- ⚡ Your Application will be treated as **incomplete** unless accomplished by application form fee and uploading of photograph with signature & the detailed application form submission.
- ⚡ **Deposition of required FEE** will be paid by **Net Banking/ Debit Card/ Credit Card** after the detailed application form submission on the web Portal.
- ⚡ Detailed application form submission will be **stopped after 23:59 hrs** of the last date of form submission given in the advertisement.
- ⚡ *** please do submit at an early date to avoid delay/problems in submission due to heavy network traffic on the last date.**

 **National Institute of Skill Development Education** ✕

 **Show QR Code** ✓

Scan with any UPI app



Checking payment status... 18:46

 and more

 **UPI ID**

PhonePe, Gpay, PayTM, BHIM & more

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 **Net Banking**

Choose your bank to complete payment

Powered by  PhonePe

₹510.00 View Breakup PAY

Choose the payment mode

1 Application >> 2 Address Details >> 3 Upload Photo & Signature >> 4 Fee Deposit >> 5 Print Application Form >>

REGISTRATION DETAILS

Advertisement Name: National Institute of Skill Development Education offered Health Supervisor (CMS ED) Program-2025
Applied For:
Duration:
Registration Number:

CANDIDATE'S PERSONAL INFORMATION

Candidate Name:
Date Of Birth:
Mother's Name:
Father's Name:
Category:
Gender:
Nationality:
Are you Married?:
Mobile Number: 9319185100
Alternate Mobile Number:
Email ID:
Select Identity:
Identity Card Number:

HIGH SCHOOL , INTERMEDIATE BOARD , , YEAR OF PASSING & ROLL NUMBER DETAILS * ↓

Table with 9 columns: Sr. No, Examination Passed, Board Name/Institute/University, Year of Passing, Roll Number, Is Grade System, Obtained Marks/CGPA, Total Marks, Percentage. Rows for HIGH SCHOOL and INTERMEDIATE.

PAYMENT DETAILS ↓

Table with 5 columns: Payment Mode, Amount, Payment Status, Date, Transaction ID.

ADDRESS DETAILS * ↓

Permanent Address *
2. City:
State:
Pin Code:
Correspondence/ Mailing Address *
2. City:
State:
Pin Code: 2

DECLARATION SEGMENT ↓

I hereby declare that I have read all term & condition according advertisement and I accept it.
I hereby declare that all the entries/ statements made in this application are true, complete and correct to the best of my knowledge and belief.
In the event of any information being found false or incorrect or ineligibility being detect before or after Admission, the Institute can take action against me as per rule in case it is detected that I have misled IHCE on any issue then I will solely responsible for all penal consequences thereof.

Date:
Place:
Signature of the Applicant

PRINT Close

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