INDIRA GANDHI COMPUTER SHAKSHARTA MISSION

2015-2016

A National Programme of Information Technology Education & Development
(An Autonomous Bodies Registered under society Public Trust Act Govt. of India NCT)(New Delhi)
An Iso 9001:2008, EMS-14001:2004, OHSAS-18001-2007 Certified Organization

APPLICATION FORM

Space for the Photograph (Passport Size)

Centre Name..... **Centre Code**.....

First Name : ……..……Middle Name……Last Name…….....

Father's/HusbandName : …Title……Name.....……

Mother Name : …Title……..……Name.....……..

Date of Birth: ☐☐ ☐☐ ☐☐☐☐

Gender: Male ☐ **Female** ☐

Category: GEN ☐ **OBC** ☐ **SC** ☐ **ST** ☐

Marital Status: Married ☐ **Unmarried** ☐

Course Name	
Course Duration	
Batch Timing	

Nationality:……

Contact No. ☐☐☐☐☐☐☐☐☐☐ **Alternate Number** ☐☐☐☐☐☐☐☐☐☐

Date of Admission: ☐☐ ☐☐ ☐☐☐☐

Permanent Address…….....

Email Id:……....

Aadhar Card No……...

Examination Passed	Name of Stream	Board/University	Year of Passing	Marks Obtained	%of Marks
10th					
12th					
Graduation					
Post Graduation					
Any Other Qualification					

Document Attach:1.....2.....3.....

4.....5.....6.....

Declaration: I affirm that all the information provided in the application form is true to my Knowledge and belief. I also agree to abide by the rules & regulation of the institute & condition printed overleaf. On being granted admission. I also agree to pay all the fee and other charges as per the schedule framed by the institute Fee once paid will not be refunded or adjusted in any case.

Signature of Student **Signature of Head of the Institute**

H.O: INDIRA GANDHI COMPUTER SHAKSHARTA MISSION

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