Sarva Computer Shiksha Abhiyan

Reg. Govt. of India New Delhi S-31/2013

An ISO 9001-2008 Certified Institution

REGISTRATION FORM

For Authorised Study Centre

FOR OFFICE USE ONLY

Pass Port Size Photo

Duly Attested By Centre Head & Student

Registration No.

Study Center Name & Code

Remark _____

_____

Authorised Signatory

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1. **NAME OF STUDENT** (FILL IN BLOCK LETTERS IN OWN HAND WRITTEN)

2. **NAME OF FATHER/ GUARDIAN/ HUSBAND** (FILL IN BLOCK LETTERS)

3. **NATIONALITY**

4. **CATEGORIES** (GEN/ SC/ ST/ HANDICAPPED)

5. **Gender** (MALE/ FEMALE)

6. **DATE OF BIRTH** (DD/ MM/ YY)

7. **PERMANENT ADDRESS**

Ph PIN

8. **CORRESPONDENCE ADDRESS**

Ph PIN

9. **ACADEMIC QUALIFICATION** (ENCLOSE ALL SUPPORTING CERTIFICATES IN XEROX) (Please Tick)

BELOW 10TH | 10TH PASS | 12 TH PASS | GRADUATE | POSTGRADUATE

DIPLOMA | OTHERS (IF ANY, PLEASE SPECIFY)

10. **Course Name**

11. **COURSE CODE** **PERIOD OF COURSE**

12. **Batch Time**

Director Sig./ Seal

DECLARATION BY THE APPLICANT

I have read and understood, the rules and regulations of the Institute and satisfied myself that I fulfill the eligibility conditions as laid down in the prospectus. I have furnished necessary information / document (s) correctly I shall submit any other document (s) that may be required in the future. I understand that my candidature is liable to be cancelled by the SCSA if the information / document (s) submitted herewith is found incorrect or misleading. Further, the SCSA has full authority to take appropriate action which shall be acceptable to me. In future also, if any information submitted by me is found incorrect, the SCSA institute has the authority to cancel the course at any time

Guardiance Signature | Student's Signature

Place | Place

Date | Date

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