

Govt. of W.B. & Govt. of India Recognized & ISO 9001:2015 Certified Institution

NETAJI YOUTH COMPUTER TRAINING CENTRE

ADMISSION FORM

ENROLLMENT NO: _____

CENTRE CODE: _____

BRANCH NAME: _____

ADMISSION DATE: _____

COURSE END DATE: _____

COURSE NAME: _____

STUDENT NAME: _____

FATHER/GUARDIAN NAME: _____

DATE OF BIRTH: _____ AGE: _____ (In Year)

COMPLETE ADDRESS: _____

PO: _____ PIN: _____ PS: _____

DIST: _____ STATE: _____

GENDER: Male / Female

CASTE: General / SC / ST / OBC

QUALIFICATION: _____ (Appeared/Passed)

BOARD / UNIVERSITY: _____

PASSING YEAR: _____ PERCENTAGE: _____

CONTACT NO: _____ ALTERNATE / PARENTS NO: _____

DECLARATION BY THE APPLICANT

I have read all the rules & regulations of the institute & admission to the course applied for. I declare that above information is true & correct to my knowledge and belief and I fully understand that my admission will be canceled if any information by me is found false.

Signature of the Applicant

Authorized Signature with date & stamp