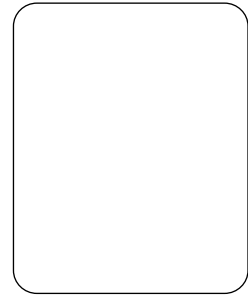


# Application / Registration Form



Computer Education  
& Training Center \_\_\_\_\_



Registration No         Date

Note : THIS APPLICATION HAS TO BE FILLED IN BLOCK LETTERS

Course Applied for .....

Name

Address

Tel. No Office          
Resi

Date of Birth

Father's/Mother's Name

Occupation/Profession

Fee concession:  OBC  BPL  Handicap  Ward Govt. Employee

**ACADEMIC QUALIFICATION OF APPLICANT**

S. No	Course	Institution	Board/University	Division/Marks	Year

**Current Job Details** **Not Applicable** .....

Organisation's Name	Designation	From - To	Nature of Work

I have read and accepted the rules mentioned here and agree to abide by the rules and code of conduct of TCIL-IT

Counsellor`s Signature ..... Applicant`s Signature .....

Course: ..... Date: .....

Student`s Name: ..... Centre: .....

Fee Discount:  OBC  BPL  Handicap  Ward Govt. Employee