SCSM
An ISO 9001 : 2008 Certified Organization

SRIJANI COMPUTER SAKSHARTA MISSION

admission form

1. Name of Candidate (IN BLOCK LATTER)

2. Father's Name (IN BLOCK LATTER)

3. ADDRESS

4. Date of Birth

5. Course Name

6. Course Medium   Hindi   English

7. Gender : M/F   8. Category: Gen/SC/ST/Other

9. Contact No Of Student

10. Contact No Of Guardian

Declaration : I hereby declare that the above statements are made about myself are true, complete and correct to the best of my knowledge and belief. If anything found false or incorrect I shall be liable for that.

DATE:………………….……

_____
SIGNATURE OF STUDENT

FOR OFFICE USE ONLY

Centre code :_____ Course Code:_____ Registration No_____

Course period: Stating Month_____ Completion Month_____