

SIKSHA BHAVAN

TM

NATIONAL SCHOOL OF COMPUTER EDUCATION

Regd. Under 1961 Societies Act. Govt. of West Bengal Regd. Under 1999 T.M. Act. Govt. of India

REGD. & HEAD OFFICE : Haria Indrapuri Cinema Complex, Purba Medinipur, W.B. Pin - 721430

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REGISTRATION FORM

To
The Director,
SIKSHA BHAVAN
Haria, Khejuri, Purba Medinipur.

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1. NAME :
(Use Capital Letters)
2. FATHER'S/GUARDIAN'S/HUSBAND'S NAME :
(Use Capital Letters)
3. DATE OF BIRTH (DD/MM/YYYY) : / /
4. FULL ADDRESS :
.....
.....
..... PIN -
5. MAIL ID :
6. CONTACT NO. :
7. GUARDIAN CONTACT NO :
8. SEX : MALE FEMALE
9. BPL / S.C./S.T/ H.C/ O.B.C. CATEGORY :
10. EDUCATIONAL QUALIFICATION (Last) :
11. PRESENT OCCUPATION :
12. SESSION : From To
13. COURSE NAME :
14. COURSE DURATION : MONTHS
15. REGISTRATIN NO. :
16. MODE OF PAYMENT : At a time Instalment
17. PAYMENT : Rs.....In cash inDD (No.....)
18. TOTAL COURSE FEES : Rs.

19. ENCLO : 1. Photo (3Copies) 2. Age & qualification proof
3. Ration Card or Voter ID Card or PAN Card or Adhar Card 4. Others.

ATC Office Seal & Signature

ATC Code :

DECLARATION : All the statements given by me are true * I am compelled to obey all rules of the institution otherwise necessary steps may be taken against me * Paper & Photo given at the time of admission will be treated as the property of D.H. Siksha Bhavan and Institute must have the right to advertise after passing the course. * Fees once paid will not be refundable at any cost under any situation

Date -

Your faithfully

(Signature of Director)

(Signature of Guardian)

(Full Signature of the Applicant)