HEAD OFFICE COPY

S. No. AH/

RECTS RGCSM

RAJEEV GANDHI COMPUTER SAKSHARTA MISSION

A National Programme of Information Technology Education & Development

(An Autonomous Institution Registered Under the Society & Public Trust Act-Govt. of India, N.C.T. New Delhi.)

An ISO 9001 : 2008 Certified Organisation

MEMBER OF COMPUTER SOCIETY OF INDIA ESTD. 1965

REGISTRATION FORM

Fill the form in BLOCK CAPITAL LETTERS (English) using BLUE/BLACK ink only.

Space for Photograph
Paste one recent passport size photograph

Please do not Pin or Staple

Signature

ASC Code | State Code

Course Name | Course Code

Aadhar Card No.

1. Full Name of the Applicant (as per certificate)

2. Father's Name (as per certificate)

3. Mother's Name (as per certificate)

4. Complete Address for Correspondence to (do not repeat name)

City/District | State | Pin Code | Telephone Number with STD Code

Mobile No. | E-mail ID :

5. Category — ST | SC | Handicapped | Other

6. Date of Birth — Date | Month | Year

7. Sex — M-Male, F-Female

8. Courseware Medium — E-English, H-Hindi

9. Detail of Qualifying Examination

	Name of Board/ University	College/ School Name	Year of Passing	% Obtained
SSC/10th				
Inter/12th				
Degree				
Others				

Enclosure : Demand Draft, Attested Zerox copy of last qualification & Caste Certificate

DECLARATION BY THE APPLICANT

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

Place :

Date

Signature of Applicant

Signature of ASC Director with Rubber Stamp & Date

FOR HEAD OFFICE USE ONLY

Form Receiving Date

Enrollment No.

Authorised Signatory