

Swami Vivekananda Computer Saksharta Mission

Ministry of HRD, Govt. of India, An ISO: 9001:2008 Certified Organization

Registered office : Kumra, Habra, Pin- 743271, North 24 Pgs.

Website: www. svcs m.org.in, E-mail: svcs m@yahoo.com

ADMISSION FORM

CENTRE'S NAME :	<input type="text"/>	
CENTRE'S CODE :	<input type="text"/>	DATE : <input type="text"/>
COURSE APPLIED FOR:	<input type="text"/>	CODE : <input type="text"/>
DURATION :	<input type="text"/>	COURSE FEES : ₹ <input type="text"/>

Paste box - sized photograph of candidate.

Do not use pin or stapler.

Please enclose
four identical photographs
along with
the Application Form

STUDENT'S DETAILS

Signature of Candidate (in full)

STUDENT'S NAME :	<input type="text"/>
FATHER'S NAME :	<input type="text"/>
MOTHER'S NAME :	<input type="text"/>
DATE OF BIRTH DD / MM / YYYY	<input type="text"/>
SEX :	<input type="text"/>
CASTE :	<input type="text"/>
RELIGION :	<input type="text"/>

ADDRESS :	<input type="text"/>
PO :	<input type="text"/>
PS :	<input type="text"/>
DIST :	<input type="text"/>
PIN :	<input type="text"/>
CONTACT NO :	<input type="text"/>
E-MAIL :	<input type="text"/>

EDUCATIONAL QUALIFICATION :

EXAMINATION	BOARD / COUNCIL / UNIVERSITY	YEAR	MARKS (%)

PROFESSIONAL QUALIFICATION :	<input type="text"/>
EXTRA CURRICULAM ACTIVITY :	<input type="text"/>
INCOME (PM) :	₹ <input type="text"/>

I do hereby declare that all the above mentioned information are true in best of my knowledge.

Signature of Candidate

Signature of Co-Ordinator with Seal

**REGISTRATION FROM
(For office use only)**

CENTRE'S CODE :	<input type="text"/>	COURSE CODE :	<input type="text"/>
STUDENT'S NAME :	<input type="text"/>	ENROLLMENT NO :	<input type="text"/>