NATIONAL INSTITUTE OF COMPUTER AND INFORMATION TECHTECHNOLOGY
(An Autonomous Institute Registered Under The Society & Public Trust Act Govt. of India NCT New Delhi)
An ISO 9001.2008 Certified Organization

MEMBER OF

REGISTRATION FORM

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Signature

Kindly Fill-Up This Form in CAPITAL LETTERS. Blue/Black Ink only

ASC Code   [ ][ ][ ][ ][ ][ ]   State Code   [ ][ ][ ][ ][ ][ ]

Course Name   [ ][ ][ ][ ][ ][ ]   Course Code   [ ][ ][ ][ ][ ][ ]

Course Duration [ ][ ][ ][ ][ ]   Date Of Submission   [ ][ ][ ][ ][ ][ ]

1. Full Name of the Applicant (As Per Certificate)

[ ]

2. Father's Name (As Per Certificate)

[ ]

3. Mother's Name (As Per Certificate)

[ ]

4. Present Address

5. Permanent Address

6. City/District [   ]   7. State [   ]   8. Pin Code [ ][ ][ ][ ][ ][ ]   9. M. No. [   ]

10. Email ID [   ]   11. Category GC [ ]   OBC [ ]   SC [ ]   ST [ ]   Handicapped [ ]

12. Date of Birth [D][D][M][M][Y][Y][Y][Y]   13. Sex Male [ ]   Female [ ]   14. Religion [M][H][S][C][O]

15. Detail of Educational Qualification

Particulars	Year of Passing	% of Marks	Board/ University School/ College
JHS/ 10th			
Intermediate			
Degree			
Others			

Enclosure : Demand Draft , Self Attested Xerox Copy of All Qualification & Cast Certificate

DECLARATION BY THE APPLICANT

I hereby declare that i read all the rules and regulations of the institute and i am committed to follow all the rules with best of my efforts. If found any violation then the institute authority has the rights to terminate my registration. In case of termination the institute will not responsible for any fee return or any kind of claim. I also declare of my knowledge.

Signature of ASC Director
With rubber stamp and date

Date:

Place :

Signature of Applicant   **Signature of Guardian**

HEAD OFFICE USE ONLY

Form Receiving Date [ ][ ][ ][ ][ ][ ][ ][ ]

Enrollment No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]