



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

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 6. Date of Birth 7. Sex M - Male F - Female 8. Courseware Medium E-English H-Hindi

ST SC Handicapped Other Date Month Year

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