



## **Registration Form**

	For Office use only						
	Registration No.					Paste your	
	Course Name						passport size
	l codioc Name						photo here
	Ŏ		chnician – Com chnician Networ veloper				
1	Candidate Full Name						
2	Phone Number						
3	Email ID						
3	Gender		O Male	○ Transge	nder O F	emale	
4	Date of Birth		DD	мм 🔲	YYY	Y 🔲 🔲 📗	
5	Marital Status		O Not to be	disclosed	Separation Se	arated	Single/ Unmarried
			Married	$\bigcirc$ v	Vidowed	Divorced	
6	State						
7	District						
8	Category						
9	Religion						
10	Any disability						
11	Mother's Name						
12	Father's name/ Guardiar	n Name					
13	Aadhar No						
14	Permanent Address						
	Address	:					
	State	:					
	District	:					
	Block	:					
	Village/Town/City	:					
	Pin Code	:					
	Constituency	:					

15	Communication Address								
	Same as Permanent address								
	Address	:							
	State	:							
	District	:							
	Block	:							
	Village/Town/City	:							
	Pin Code	:							
	Constituency	:							
16	Bank Details								
	Account Holder Name	:							
	Account Number	:							
	IFSC	:							
	Bank Name	:							
	Bank Address	:							
17 Highest Educational Qualification :									
	(To be supported by relevant documents)								
18	Year of Passing	:							
19	Experience	○ Fre	esher	Experienced					

## **Declaration**

I certify that the particulars furnished above are true and correct to the best of my knowledge and belief.

Signature of the Candidate

## List of enclosure

- Aadhar
  Educational Documents
  Passport size photo