For Office use only	Registration Number												FORM: B

National Institute of Electronics & Information Technology, Patna
राष्ट्रीय इलेक्ट्रॉनिकी एवं सूचना प्रौद्योगिकी संस्थान ,पटना
NIELIT Patna Centre, Near IIT Main Gate, Amhara, Bihta, Patna-801106

Registration Form पंजीकरण फॉर्म (For Bihar State Group "C" & Secretariat Assistant Training Programme)

Course Name: CCAC (Course on Computer Application & Concepts)

PHOTO
TO BE ATTESTED BY DEPARTMENT HEAD

GPF/PRAN NUMBER_____

FEE DETAIL: AMOUNT: **1180/-** (Rs. One Thousand One Hundred & Eighty)

IN FAVOUR OF: **NIELIT PATNA CENTRE**   PAYBLE AT: **PATNA**

DEMAND DRAFT NO: _____ DATE: _____ /_____ /_____

ISSUING BANK: _____

PHOTO

Name of candidate

Fathers Name

Office Address

PIN CODE

Date of Birth D D M M Y Y Y Y   Gender: ☐ Male ☐ Female

Contact No.: _____   E-mail: _____

Category: ☐ General ☐ OBC ☐ SC ☐ ST ☐ PWD   Other (Please Specify) _____

Department _____   Designation: _____

I _____ S/D/O _____ hereby declare that all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of NIELIT and also to the decision of the NIELIT Authority, regarding my appearing to CCAC(ETP) examination. I have noted that my candidature can be cancelled in addition to any other action as may be deemed fit in the event of any of the statements made here, being found incorrect. I have noted that, I might be required to appear in the training, if required at any centre decided by NIELIT PATNA.

Place: _____

Date: _____/_____/_____   Signature of the Candidate

VERIFICATION BY DEPARTMENT (सम्बंधित विभाग द्वारा सत्यापन)

Verified that the details furnished above by Sh./Mrs./Ms. _____S/o D/o

Sh. _____are true and correct according to official records and he/she is permitted to

attend the proposed examination.

Signature of Verifying Authority: _____

Date: _____/_____/_____   Name:_____

Seal: Designation:_____

TO BE FILLED IN NIELIT OFFICE (NIELIT कार्यालय में भरे जाने के लिए)

Diary Number.: _____

Date: _____

Signature_____

Name_____

सम्बंधित विभाग द्वारा फॉर्म सत्यापित नहीं किये जाने पर फॉर्म स्वीकार नहीं किया जायेगा |