



SCSM[®]

ISO 9001 : 2015
CERTIFIED

Regd. Ministry of CR Act Govt. of India.



www.scsm.co.in

Student Admission Form

* Fill in the form in *BLOCK CAPITAL LETTERS* (English) Blue and Black ink only.

ASC CODE

SATE CODE

Course Name

Course Code

Paste the recent
Passport
size Photo

1. Full Name of the Applicant (as per certificate) :

2. Father's Name (as per certificate) :

3. Mother Name (as per certificate) :

4. Father's Occupation : SERVICE, CULTIVATION, DOCTOR, TEACHER, OTHER'S

3. Complete Address :

State Pin Mobile No

4. Category : GEN SC ST OBC PHC

WhatsApp No:

5. Sex : Male Female

6. Marital Status : Married Unmarried

7. Date of Birth : D D M M Y Y Y Y

* Aadhar No

8. Detail of Qualifying Examination :

Exam Passed	Name of the Board/University	School/College Name	Year of Passing	% Obtained

9. If have any Computer exposure, furnish details:

DECLARATION

I do hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I declare that. I will abide by the rules and regulation of the **SUCCESS COMPUTER SAKSHARTA MISSION**.

Date : D D M M Y Y Y Y

.....
Signature of the Applicant

Place:

For office Use only

D D M M Y Y Y Y

Form Receiving Date

Enrollment No

.....
Authorised Signatory



SCSM

ISO 9001 : 2008
CERTIFIED

Regd. Ministry of HRD Govt. of India.

Sheekho Aur Kamao

"सीखो और कमाओ"

www.scsmindia.co.in

Application Form

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3. Complete Address :

State Pin Mobile No

4. Category : GEN SC ST OBC PHC

5. Date of Birth : D D M M Y Y Y Y

6. Sex : Male Female

7. Marital Status : Married Unmarried

8. Detail of Qualifying Examination :

* Aadhar No

Exam Passed	Name of the Board/University	School/College Name	Year of Passing	% Obtained
8th Pass				
10th Pass				

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Date : D D M M Y Y Y Y

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Candidate of the Applicant

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8th Pass				
10th Pass				

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Date : D D M M Y Y Y Y

.....
Candidate of the Applicant

Place:

For office Use only

D D M M Y Y Y Y

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Enrollment No

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Authorised Signatory



Success Computer Saksharta Mission

An Autonomous Institution Registered under Trust Act & Registered under C.R. Act Govt. of India.

JAS-ANZ



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3. Mother Name (as per certificate) :

4. Father's Occupation : SERVICE CULTIVATION DOCTOR BUSINESS OTHER'S

3. Complete Address :

State Pin Mobile No

4. Category : GEN SC ST OBC PHC

5. Date of Birth : D D M M Y Y Y Y

6. Sex : Male Female

7. Marital Status : Married Unmarried

8. Aadhar No

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Exam Passed	Name of the Board/University	School/College Name	Year of Passing	% Obtained

10. If have any Computer exposure, furnish details:

DECLARATION

I do hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I declare that I will never refund the amount paid during my course. I further declare that, I will abide by the rules and regulations of Success Computer Saksharta Mission (SCSM).

Date : D D M M Y Y Y Y

Place:

.....
Signature of the Applicant

For office Use only

D D M M Y Y Y Y

Form Receiving Date

Enrollment No

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Authorised Signatory