



Regu. Winnstry of CRAct Govt. of India.	WWW.SCSIII.CO.III
Student Admission Form	
* Fill in the form in BLOCK CAPITAL LETTERS (English) Blue and       ASC CODE     SATE CODE       Course Name     Course Code	Black ink only.       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, DOCTO	OR, TEACHER, OTHER'S
3. Complete Address :	
State Pin Mobile	No
4. Category : GEN SC ST OBC PHC WhatsApp N	No:
5. Sex : Male Female 6. Marit	tal Status : Married Unmarried
7. Date of Birth : $D D M M Y Y Y$ * Aadh	
8. Detail of Qualifying Examination : Exam Passed Name of the Board/University School/College N	ame Year of Passing % Obtained
Exam Passed Name of the Board/Oniversity School/Conege N	
9. If have any Computer exposure, furnish details:	
<b>DECLARATION</b>	
I do hereby declare that the particulars furnished above are true to the	e best of my knowledge and belief. I
declare that. I will abide by the rules and regulation of the SUC	
MISSION.	

Date :   D   M   M   Y   Y   Y     Place:		Signature of the Applicant
	For office Use only	
D M M Y Y   Form Receiving Date	Enrollment No	Authorised Signatory



## <mark>Sheekho Aur Kamao</mark> "सीखो और कमाओ"

www.scsmindia.co.in

										-	Ap																
F	or O	ffic	e Us	e :								D	EE														
				<u>.                                    </u>									EF.									╡┫					
ŀ	ASC	CO	DE									N	EW	ID												ecen	t
(	Cours	se N	Jame	>								С	ours	se Co	ode										spoi		
																							S	ize .	Pho	10	
	* Fill in the form in <i>BLOCK CAPITAL LETTERS</i> (English) <u>Blue and Black</u> ink only. 1. Full Name of the Applicant (as per certificate) :																										
1.	Full	Na	me o	of th	e Ap	pli	can	t (as	s per	cei	rtific	cate	):					-1		-1				1			
2.	Fath	1er'	's Na	me	(as p	er	cert	tifica	ate)	:																	
3.	Mot	her	· Nai	me (a	as ne	er c	erti	fica	te):															1		-	
4		•			- 4	[	OT.					TI												 			
				cup		n : [	51	LKV.	ICE,	<u> </u>	CUL	7110	AII	ON,		DO		JK,		EAC	HE	κ,	01	HE	R'S		
3.	Con	nple	ete A	ddr	ess :			1	1	1	1	1	1	1					1			_					
																											_
					L						1						•••	т. Г									
	State								Pi		<u> </u>					Mot	oile I										
4.	Cate	ego	ry :	GE	N S	C	ST	OB	C P	HC					5	5. Da	ate o	of Bi	rth	: D	D	м	Μ	Y	Y	Y	Y
6.	Sex	:		Ma	le F	em	ale								7	7. M	arit	al St	tatu	s :	Ν	larr	ied	Uni	nar	ried	_
•••		•		1110		•	410															Iull					
8.				lalif														r N									
				d Na	me c	of th	e Bo	oard/	/Univ	versi	ity		S	choo	l/Co	olleg	e Na	ıme		Yea	ar of	Pass	sing	%	Obta	aineo	1
		th Pa		_																							
	10	)th F	Pass																								
9.	If ha	ive	any (	Com	puter	ex	posi	ure, i	furni	ish c	letai	ls: .												••••		•••••	
											D	ECI	AR	ATI	ON												
Ι	do he	ereb	v de	clare	that	t th	e pa	rticu	ulars	fur	nish	ed a	bove	e are	tru	le to	the	best	t of	my	knov	wled	lge a	nd	beli	ief.	Ι
			•	wil			-													-			-				
	ISSI						J									• ~				01.2				~			
1,1	1001		••																								
P				1	-1	I	<u>г т</u>																				
D	ate :	D	D	MM	Y	Υ	Y	Υ											 C	•••••	data	•••••		 1	···· liaa	••••	
P	Place:																										
11		•••••						••••																			
																_											
											Fo	r of	fice	Use	onl	y											
		1	T T			-							-		1	, ,			<b></b>								
	DD	Μ	Μ	Y	Y Y	Y														••••		••••••			•••••		••





Stu	dent Admission Fo	orm
For Office Use :	REF. ID	
ASC CODE	NEW ID	Paste the recent
Course Name	Course Code	Passport
		size Photo
* Fill in the form in <i>BLOCK CAPITAL LETTERS</i> (E		nly.
1. Full Name of the Applicant (as per ce	rtificate) :	
2. Father's Name (as per certificate) :		
3. Mother Name (as per certificate) :		
<b>4. Father's Occupation :</b> SERVICE,	CULTIVATION, DC	OCTOR, TEACHER, OTHER'S
3. Complete Address :		
State Pin	Mo	bile No
4. Category : GEN SC ST OBC PHC	5. D	ate of Birth : D D M M Y Y Y Y
6. Sex : Male Female		Aarital Status : Married Unmarried
		adhar No
8. Detail of Qualifying Examination : Exam Passed Name of the Board/Univers		
8th Pass		
10th Pass		
9. If have any Computer exposure, furnish	details:	
	DECLARATION	
I do hereby declare that the particulars fur		o the best of my knowledge and belief
declare that. I will abide by the rules a		
MISSION.		
Place:		<b>Candidate of the Applicant</b>
1 lace		
ſ	For office Use only	1
	For office Use only	
Form Receiving Date	Enrollment No	Authorised Signatory

An Autonomous Institution Registered under Trust Act & Registered under C.R. Act Govt. of India.	S-ANZ									
Student Admission Form	9001 : 2015 ERTIFIED									
* Fill in the form in BLOCK CAPITAL LETTERS (English) Blue and Black ink only.       ASC CODE     SATE CODE       Course Name     Course Code	ort									
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 BUSINESS OTHER'S										
3. Complete Address :										
4. Categoriy : GEN SC ST OBC PHC 5. Date of Birth : D M M Y Y	YY									
6. Sex : Male Female 7. Marital Status : Married Unma	arried									
8. Aadhar No										
9. Detail of Qualifying Examination :										
Exam Passed       Name of the Board/University       School/College Name       Year of Passing       % Obtained	ained									

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	Μ	Μ	Y	Y	Y	Y		Signature of the Applicant
Place: .										
									For office Use only	
	M	М	Y	r Y			Y			
For	m F	Rec	eivi	ing	Dat	te			Enrollment No	Authorised Signatory