



Regd. Ministry of CR Act Govt. of Indi	ia. www.scsm.co.in
Stu	ıdent Admission Form
* Fill in the form in BLOCK CAPITAL LA ASC CODE Course Name	ETTERS (English) Blue and Black ink only. SATE CODE Passe the recent Passport size Photo
1. Full Name of the Applicant (as per certi	ificate):
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:	COLITYATION, DOCTOR, TEACHER, OTHER 5
State	Mobile No
5. Sex : Male Female	6. Marital Status : Married Unmarried
7. Date of Birth: DDMMMYYYY	* Aadhar No
8. Detail of Qualifying Examination:	
Exam Passed Name of the Board/Univers	sity School/College Name Year of Passing % Obtained
9. If have any Computer exposure, furnish of	details:
	<u>DECLARATION</u>
-	rnished above are true to the best of my knowledge and belief. I and regulation of the SUCCESS COMPUTER SAKSHARTA
Date: D D M M Y Y Y	•••••
	Signature of the Applicant
Place:	
	For office Use only
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D D M M Y Y Y Y	
Form Receiving Date	Enrollment No Authorised Signatory