

Form Receiving Date



Authorised Signatory

### 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. Paste the recent SATE CODE ASC CODE **Passport** size Photo Course Name Course Code 1. Full Name of the Applicant (as per certificate): 2. Father's Name (as per certificate): 3. Mother Name (as per certificate): CULTIVATION, DOCTOR, TEACHER, OTHER'S 4. Father's Occupation: SERVICE, 3. Complete Address: Pin State Mobile No GEN SC ST OBC PHC 4. Category: WhatsApp No: 5. Sex: Male Female 6. Marital Status: Married Unmarried 7. Date of Birth: D D M M \* 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 | Signature of the Applicant Place: ..... For office Use only

**Enrollment No** 



# Sheekho Aur Kamao "सीखो और कमाओ"

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<u>Application Form</u>														
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Date: D D M M Y Y Y Y	•••••													
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