

REG-506

REGISTERED BY UP GOVERNMENT

ESTB-2015

ISO 9001:2015



UPDATE



अपडेट COMPUTER INSTITUTE

ADMISSION FORM

COURSE NAME _____

DURATION _____

BATCH TIME _____

STUDENT NAME _____ CASTE _____

FATHER NAME _____

MOTHER NAME _____

DATE OF BIRTH _____

PHONE/MOBILE NO. _____

ADDRESS _____

QUALIFICATION & YEAR _____
M.A. _____ B.A. _____ B.Com _____ B.sc _____ 12th _____ 10th _____ 8th _____

E mail address _____

College/ School Name _____

I declare that give above information is true.
I agree to comply by the rules and regulation of institute

DATE ____/____/____

Finger Print

Signature