RSCEI

RS COMPUTER EDUCATION INSTITUTE

OLD RAJAKHERA ROAD NEAR RELIANCE TOWER SHAMSABAD, AGRA

1. Year / Session .....
2. Semester/ Quarter .....
3. Regt. No. .....
4. Center Name & address .....
   .....
5. Name of Candidate.

RECENT PHOTOGRAPH

6. Father's Name.
7. Date of Birth ..... Day .....Month .....Year
8. Examination Center .....
9. Course Name .....
10. Course code .....

Student's signature

---

office use only

This is to Certified that shri./ku./smt. .....
Son/Daughter Of shri .....
is a students registered this Institute. The examination fee and Exam has been paid to the Head Office. Please allow his/her for the examination.

Exam Date: ..... Exam Time :.....

Institute Manager :
Institute Code:
Address :

Auth. Signatures & seal