

# RS COMPUTER EDUCATION INSTITUTE

A Computer Awareness Programme

(An Autonomous Institute Registered Under the Society & Public trust - Govt. of U.P.)



## REGISTRATION FORM

### COURSE

Photo

Fill the form in **BLOCK CAPITAL LETTERS (ENGLISH)** using **Blue/Black ink only**.

1. Full Name of the Applicant (as per certificate)

2. Father's Name (as per certificate)

3. Complete Address for Corresponds (Do not repeat name)



4. Date of Birth.

   

Date                      Months                      Year

5. SEX

 

Male                      Female

6. Mobile / Telephone Number

7. Category

ST                      SC                      HANDICAPPED                      OTHER

   

8. Details of Qualifying Examination.

Class	Name of Board/ University	School/College Name	Year of Passing	%
High School				
Inter				
Degree				
other				

### DECLARATION BY THE APPLICANT

I have read all the rules and regulations and admission to the course applied for. I Declare that the above information is true and correct to my knowledge and belief and i fully understands that my admission will stand cancelled if any information by me is found to be false for twisted.

Date .....

Place .....

**office use only**

Signature of Applicant

Form Receiving Date

Enrollment No.

Authorised Signatory