



# SANJAY GANDHI COMPUTER SAKSHARTA MISSION

AN AUTONOMOUS INSTITUTION REGISTERED UNDER THE PUBLIC TRUST ACT 1882(Regd. No.-2327)  
AN ISO 9001: 2015 CERTIFIED ORGANIZATION

## APPLICATION FORM

CENTER NAME..... SERIAL NO..... YEAR.....

Candidate Name

Father's Name

Mother's Name

Present Address

Permanent Address

Date of Birth      Sex    
M F

Date of Admission

Educational Qualification

Name of Course

Religion      
H M C O

Registration No.

Cont. No

Signature of Student

**Course:**

- |                              |                       |
|------------------------------|-----------------------|
| 1. Computer Software         | 6. Advance Accounting |
| 2. Computer Hardware         | 7. Computer Typing    |
| 3. Computer Basic            | 8. English Speaking   |
| 4. Advance Computer Software | 9. Beauticians        |
| 5. Desktop Publishing (DTP)  | 10. Others            |

## DECLARATION

The information given in this given in this form are true are true as per my knowledge. Nothing is hidden. If any information is found false, the institute H.O. reserves the right the right to cancel the admission without assigning any reason.

Signature of the Student

Date.....

Notes:-

1. Exams are Compulsory of Exam date.
2. If any misbehavior/ malpractice will found during exam, the copy will be cancelled by the Examiner.

## VERIFICATION

It is certified that all entries in this form have been duly checked by me and found correct in all respects.

**Signature and Seal of  
Centre Head**