

Computer learning centre MANKACHAR COLLEGE



MANKACHAR, ASSAM-783131 ADMISSION FORM

| Registration N | o | | Course | | Duration | Months |
|------------------|----------------------------|----------------------|----------------------|-----------------------|-----------------|--------|
| Ad | mission Date// | / | Centre Name. | | | |
| | | FOR OFFICE | USE ONLY | | | |
| | (Please read carefully be | efore filling up the | e form and fill in o | all the details in BL | LOCK LETTERS of | nly) |
| Name | | | | | | |
| Father's Name: | | | | | | |
| Mother's Name | · | | | | | РНОТО |
| Nationality | | Date Of E | Birth: | ./ | | |
| Education Quali | fication | Pas | sing Year | | | |
| Gender: Male | Female Other | Category | /. General /St | /Sc / Obc | | |
| Maritials Status | . Married / Unmarrie | d Religion-Islar | m / Hindu/ Christ | tian / Other | | |
| Idendity Type- A | adhar Card / Pan Card/ Vot | ter Id Card, Id Nun | nber: | | | |
| Mobile No | | Е | mail Id | | | |
| Permanent Ho | me Address: | | | | | |
| Village: | | P.O: | | Pir | n | |
| P.S: | | District | | State | | |
| Present Addr | ess: | | | | | |
| Village: | | P.O: | | Piı | n | |
| P.S: | | District | | State | | •••••• |

J' do hereby declare that the above information are true according to my knowledge and belief.

Declaration

Signature of candidate Authorization signature