



National Education Training & Development

TECHNICAL EMPLOYMENT TRAINING CENTER

Sharing Information Technology Literacy Movement With Govt. of India

REGISTRATION FORM

Kindly Fill-Up This Form in CAPITAL LETTERS. Blue/Black Ink only

| | | | |
|-----------------|----------------------|--------------------|----------------------|
| ATC Code | <input type="text"/> | State Code | <input type="text"/> |
| Student Reg: No | <input type="text"/> | Course Code | <input type="text"/> |
| Course Duration | <input type="text"/> | Date Of Submission | <input type="text"/> |
| Course Name | <input type="text"/> | | |

Paste passport size recent photo

Please do not pin or staple

Signature

1. Full Name of the Applicant (As Per Certificate)

2. Father's / Husband's Name (As Per Certificate)

3. Mother's Name (As Per Certificate)

4. Present Address

| | | | |
|--------|-------------|----------------------|---------------------------------|
| Name: | House Name: | | |
| Place: | City: | District: | |
| State: | Pin Code: | <input type="text"/> | Mobile No: <input type="text"/> |

5. Email ID 6. Category: GC ☐ OBC ☐ SC ☐ ST ☐ Handicapped ☐7. Date of Birth 8. Sex: Male ☐ Female ☐ 9. Religion

10. Detail of Educational Qualification

| Particulars | Year of Passing | % of Marks | Board/ University School/ College |
|-------------|-----------------|------------|-----------------------------------|
| JHS/SSLC | | | |
| Plus Two | | | |
| Degree | | | |
| Others | | | |

Enclosure : Demand Draft , Self Attested Xerox Copy of All Qualification & Cast Certificate

DECLARATION BY THE APPLICANT

I hereby declare that i read all the rules and regulations of the institute and i am committed to follow all the rules with best of my efforts. If found any violation then the institute authority has the rights to terminate my registration. In case of termination the institute will not responsible for any fee return or any kind of claim. I also declare of my knowledge.

Date:

Place :

Signature of Applicant

Signature of Guardian

Signature of ATC Director
With rubber stamp and date

HEAD OFFICE USE ONLY

Form Receiving Date

Enrollment No.

Authorised Signatory