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		Dmputer Training Cer nology Education & Vocational Stu	
ANAtional	An ISO 9001 : 2008 Cei	rtified Organization	lules
(An Au	A Unit of Council for Technical & tonomous Council Registered Under	& Vocational Training(CTVT) r Public Trust Act 1882, Govt. of India))
	ADMISSIO	N FORM	
Fill the form in BLOCK CAPIT	AL LETTERS (English) using	BLUE/BLACK ink only.	Space for
Centre Code	Admission Date	Ref. No. (If any)	Photograph
Course Code	Session	Remarks (if any)	Paste one recent passport size Photograph
			Thotograph
Course Name			Please do not Pin or Staple
Specialization/Optional Subject (I	f any)		Signature of the Candidate (Signature within the Box only)
1. Full Name of the Applicant	(as per certificate)		
2 Eathor's Name (as per cortifi	cata)		
2. Father's Name (as per certific			
3. Mother's Name (as per certif	icate)		
4. Complete Address for Corres	spondence to (do not repeat na	ime)	
City/District State Code	Country F	Pin Code Telephone Nu	mber with STD Code
Vlobile No.	E-mail ID		
5. Category (Please Tick if App	licable) 6. Date of	M-Male F-Female	E-English
5. Category (Please Tick if App General OBC SC ST H	licable) 6. Date of landicapped Others Date Mon	M-Male F-Female	E-English
5. Category (Please Tick if App General OBC SC ST H 9. Detail of Qualifying Examinat	licable) 6. Date of andicapped Others Date Mon ion of Board/	th Year M-Male F-Female College/	e E-English H-Hindi Year of %
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