DOEACC SOCIETY

Electronics Niketan, 6, CGO Complex, New Delhi – 110 003
Phone: 011-2436 3330-02, 2436 6577, 79, 80, FAX: 011-2436 3335

BOX A

Recent Photograph 35mm x 45mm

OXFORD GROUP of INSTITUTION
Near Railway Station
Bazariya Road, Farrukhabad
(9935019012)

Affiliated By **NIELIT**
Center Code: - **O2237**
Email: ccc.oxford1071@gmail.com

1. **NAME - IN CAPITAL LETTERS**

2. **FATHER'S NAME – IN CAPITAL LETTERS**

3. **MOTHER'S NAME – IN CAPITAL LETTERS**

4. **DATE OF BIRTH** D D M M Y Y Y Y

4.1. SEX O MALE O FEMALE

5. **HIGHEST QUALIFICATION: (Darken appropriate box darkened)**

O Below 10th O 10th Pass O 10+2 O 10th+ITI O Polytechnic Diploma O Graduation or higher

6. **RESIDENCE DETAILS OF CANDIDATE - IN CAPITAL LETTERS**

ADDRESS:

CITY:
STATE:

PIN CODE

7. **CONTACT DETAILS**

ADHAR NO:-

8. **OCCUPATION: (Darken the appropriate box)**

O Govt. Employed O Govt. undertaking O Self Employed O Other (Please Specify) . . . . . .

9. **CATEGORY: (Darken the appropriate box)**

O General O Scheduled Caste O Scheduled Tribe O O.B.C. O Handicapped O Other . . . . . .

10.Visible Distinguishing Mark_____

12.Exam Centre choice:-1._____**2.**_____

11. DECLARATION:

I _____S/o /D/o _____ hereby declare that, all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of DOEACC Society and also to the decision of the Examination Authority, regarding my admission to the examination. I have noted that the Examination Authority has the right to withhold my result even after my appearing in the Examination in addition to any other action as may be deemed fit in the event of any of the statements made above being found incorrect.

Left Thumb Impression

Recent Photograph 35mm x 45mm

Signature of Student