DOEACC SOCIETY

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EXAMINATION APPLICATION FORM - CERTIFICATE COURSE ON COMPUTER CONCEPTS – (CCC)

Recent Photograph	Signature of the Applicant	Left Thumb Impression

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

PHONE NO

YEAR OF PASSING 10 STANDARD

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.CENTER CHOICE:- FIRST CHOICE SECOND CHOICE

11. WETHER APPEARED PREVISALY IN 'CCC' EXAM **MONTH** **YEAR** **ROLL NUMBER**
IF YES, GIVES DETAIL IMMEDIATE LAST EXAM ONLY

12 ADHARCARD NO:-

13. 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.

Date: Signature of the Applicant