# DTI-GROUP OF INSTITUITE

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YOUTH COMPUTER & VOCATIONAL TRANING CENTER
REG.BY-GOVT. OF INDIA
H.O-BALICHAK, DIST-PASCHIM MEDINIPUR,W.B-721124

Photos

## ADMISSION FORM

COMPUTER / VOCATIONAL

Course Name..... Session.....

Study Centre Name.....S.C.Code .....

1. Full Name (IN BLOCK LETTER) _____

2. Guardian's Name (IN BLOCK LETTER) _____

3. Date of Birth _____

4. Permanent Address _____

_____

5. Telephone/Mobile Number._____

6. Email ID:._____

7. Aadhar No. _____

8. Male ☐ Female ☐ Married ☐ Unmarried ☐

9. Nationality _____ Religion_____ Caste _____

10. Educational Qualification:

| Name of Examination | Name of University or Board | Year and Month of Passing | Percentage% |
|---|---|---|---|
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## DECLARATION

RS- 20/-

I..... hereby declare that statement made have in above is correct to best of my knowledge. I also undertake to see that I shall abide all the rules of regulation of your institute. Knowledge everything & understanding that I am taking admission in this autonomous institute (training centre) of DTI group of institute of my own free will, without inducement from others.if there is any problem, I will be responsible myself in the future.

**Signature of Guardian**

**Signature of Candidate**