INTERNATIONAL COMPUTER SHAKASHARTA MISSION

AN ISO 9001:2015 CERTIFIED ORGANIZATION

Student Registration Form				
Centre Name	CentreCode			Space for the
FirstName:Middle NameLast Name				otograph ssport Size)
Father's/HusbandName :Title	Name			
Mother Name :Title	Name	····	······ L	
Date of Birth:		Course Name		
Gender: Male Female Course Duration				
Category: GEN OBC SC ST Batch Timing				
Marital Status: Married Unmarried				
Nationality:				
Contact No.	Alternate Number			
Date of Admission				
Permanent Address	PUTER SHAKS	HARTA MIS	SSION RE	G.FORM
Aadhar Card No				
Examination Passed Name of S	Stream Board/University	Year of Passing	Marks Obtaine	d %of Marks
10 th				
12 th				
Graduation				
Post Graduation				
Any Other Qualification				
Document Attach:12				
45				
Declaration: I affirm that all the informa belief. Ialso agree to abide by the rules				

belief. Ialso agree to abide by the rules & regulation of the institute & condition printed overleaf. On being granted admission. I also agree to pay all the fee and other charges as per the schedule framed by the institute Fee once paid will not be refunded or adjusted in any case.

Signature of Student

Signature of Head of the Institute

Online Reg. Visit.For This Website: www.icsminternational.com