

Center Code	
Conton Codo	

21290356

Form No

Name of IT-GK Vision Computer Infotech, Shahpura

Application Form for Admission to Rajasthan State Certificate in Information Technology (RS-CIT)

Please fill in the form using BLACK ink and with in BLOCK letters

	Name of the applicant as it should appear on the RS-CIT Certificate / as it appears on SSC Certificate :									
Name		Father's/Husband Name								
Date o	of Birth: Date Month		Age : Years							
Gende	er : Male⊡ / Female⊡ Mo	ther Tongue:			Ма	rital Status:	Married	d / Sing	le	
Qualif	ication :									
	ss for Correspondence									
	Address									
	71441000	City / Town / Village					Tahsil			
	District			State				П	\exists	
Perma	anent Address (Please ent	er only if it is not :	same as above							
	Address									
				n / Village		Tahsil			\exists	
	District		Sta	te		Pin			٦	
Teleph	none No. (Residence)			(Office)					ī	
		code	Telepone Number	Area co	ode	Te	lepone Nu	ımber	_	
E-mai	IID:									
Catego	ory : College Student / Sch	ool Student / Pc	set Graduata Stud	ent / Covt Employee		Professional			_	
Category : College Student / School Student / Post Graduate Student / Govt. Employee / Professional / Business Person / Housewife / Senior Citizen / Others (specify)										
	u Physically Challenged?	Yes / No. (if ye	es, please attach o	ertificate giving details of						
	hoice of RS-CIT course Bate	_		e important instruction to RS	-CIT st	udent before f	illing in the	ese deta	ils)	
		nglish H	lindi							
	Batch : encement									
Modo	Date Monti		Regular with	Regular with						
	of study (Please refer to table of study (Please refer to table of see attached herewith the true	_		three installments	ort / Go	wernment ID	Card / C	مماام	or	
School	ID Card as proof of my identity	. I hereby solemnly a	affirm that my nam	e, photograph and signatu	ire on	this application	on form m	natch wi	ith	
	by of the proof of my identity a nation (Applicant should counte					the time app	earing fo	or RS-C	ΙT	
	Tation (Applicant Should Counte	sign the copy of the	c proof of identity to	•	,	la a Oralis				
				For Cen	ters U	ise Only				
		Please affix a clear passport size photograph	_	Center Code : Name of the Center :						
			1.00	Receipt No.: For Rs.						
		of the applicant. (Front Facing)		After careful verification, I hereby confirm that name, photograph and signature of the application on this application form match with those on the original proof						
F	Please sign in Black ink only in the above box		of	identity produced for verification plicant and i have countersigned	and its	true copy attach				
Date		above photograph will ap	1	me, Seal & Signature center Coordinator						
	on permi	SSIOTI letter and RS-CTT C	Sertificate of	center Goordinator						
	ave read and understood the Instruction d I will abide by them, I have received t									
इस पत्र के पीछे अंग्रेजी एवं हिन्दी में वर्णित दिशानिर्देश पढ़ने तथा समझने के बाद मैं इन से सहमत हूँ एवं इनका पूर्णतः पालन करुँगा व्यक्तिगत										
सूचना के लिए प्रपत्र की एक प्रतिलिपि मैनें प्राप्त कर ली है।						Signature of Applicant				