COMPUTER CENTRE::TEZPUR UNIVERSITY

Form No…….

APPLICATION FORM

(*For Admission to the Training Programme for DOEACC 'O' level course*)

1. Name of the Applicant   :
   (in block letter)
2. (a) Address for correspondence   :

                                               Affix one recent Photograph duly attested

    (b) Contact telephone No.   :
3. Date of Birth   :
4. Sex (M/F)   :
5. Category (SC/ST/GEN etc.)   :
   (Relevant certificate is to be enclosed)
6. Father/Mother/Legal Guardian   :
              i.   Name   :
             ii.   Occupation   :
            iii.   Address   :

7. Academic qualification (Starting from Std. X Exam)
   (Matric Admit & H.S. Marksheet to be enclosed)   :

Name of Exam Passed/Appeared	Year of passing	Class / Division	% of Marks	Scholarship (if any)

8. For Candidate currently undergoing studies   :
              i.   Name of the Institution :
             ii.   Class / Level   :
9. If employed please specify   :

10. Any other information   :   :

Declaration

I, …………………………………….. , here by declare that all the statements made above are true to the best of my knowledge and belief. If admitted, I agree to complete the full term of the course and failing which, I shall forfeit the caution money deposited at the time of admission.

Place :
Date :   Signature of Candidate