राष्ट्रीय इलेक्ट्रॉनिकी एवं सूचना प्रौद्योगिकी संस्थान (रा.इ.सू.प्रौ.सं.)

NATIONAL INSTITUTE OF ELECTRONICS AND INFORMATION TECHNOLOGY (NIELIT)

(सूचना प्रौद्योगिकी विभाग, संचार तथा सूचना प्रौद्योगिकी मन्त्रालय, भारत सरकार की एक स्वायत्त वैज्ञानिक संस्था)

(An Autonomous Scientific Society of Department of Electronics And Information Technology, Ministry of Communications and Information Technology, Govt. Of India)

Aizawl Centre

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

5. SEX ◯ MALE ◯ FEMALE

Darken appropriate box

6. HIGHEST QUALIFICATION: (Darken appropriate box AND attach Attested copy of the Certificate, in respect of the Box darkened)

◯ Below 10th ◯ 10th Pass ◯ 10+2 ◯ 10th+ITI ◯ Polytechnic Diploma ◯ Graduation or higher

6.1 Year of Passing **6.2 AADHAAR NUMBER :**

7. RESIDENCE DETAILS OF CANDIDATE - IN CAPITAL LETTERS

ADDRESS:

CITY: PIN CODE

STATE:

7.1. CONTACT DETAILS

PHONE NO. EMAIL ID

8. INSTITUTE DETAILS- IN CAPITAL LETTERS **8.1 E-PROV. NUMBER:**

NAME:

ADDRESS:

STATUS OF INSTITUTE: ◯ ACCR. INSTTT ◯ GOVT. RECOG.SCHOOL/COLLEGE ◯ OTHERS

9. CENTRE CHOICE

First Choice

CITY CODE NAME

Second Choice

CITY CODE NAME

10. OCCUPATION: (Darken the appropriate box)

◯ Govt. Employed ◯ Govt. undertaking ◯ Self Employed ◯ Other (Please Specify) . . . . . .

11. CATEGORY: (Darken the appropriate box)

◯ General ◯ Scheduled Caste ◯ Scheduled Tribe ◯ O.B.C.

◯ Handicapped ◯ Other Please Specify) . . . . . .

12. WHETHER APPEARED PREVIOUSLY IN 'CCC' EXAM
If YES, give details of immediate LAST EXAM only

MONTH YEAR ROLL NO

13. DECLARATION:

I _____ S/o / D/o _____ hereby declare that, I agree to abide by the rules and regulations of NIELIT and also to the decision of the Examination authority, regarding my eligibility for filling the exam form of BCC/CCC. I declare that the particulars filled in the exam form are true to the best of my knowledge & belief. I have noted that the Examination Authority has the right to withhold my examination application or result, in addition to any other action as may be deemed fit in the event of any of the statement(s) made by me in the exam form/above being found incorrect

Place:

Date: **Signature of the Applicant**