RASHTRIYA COMPUTER SHIKSHA MISSION®

Auth. By :- DOEACC SOCIETY (Ministry of communication and information technology) Govt. of India
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RCSM
Institute of Software, Hardware education

(ATC Copy) REGISTRATION FORM

Pass Port Photograph

For Office Use :

Zone Code | Year | Batch | ATC CODE | Reg. No.

Personal Details :

First Name | Middle Name | Last Name

Sex | Date of Birth | Nationality | Occupation

Father Name

Correspondence Address :

H. No. | Street 1

Street 2 | City/Town

Distt. | State

Pin | Mobile. | Email

Fee Details :

Cou. Fee | Reg. No. | P.R. No.

Course Details :

Course Code | Date / / | Course

Details of Previous Qualifications :

S.No.	Discription	College/University	Year of Passing	Div. % age
1				
2				
3				
4				
5				

Declaration

I hereby declare that all the particulars stated in this application are true to the best of my knowledge and belief. I understand all the provisions of the prospectus and agree to able by them. On the event of suppression or distortion of any fact like education qualification, study period made in my application form, I understand that my admission is liable for cancellation .

Date :
Place :

Signature of Guardians | Signature of Applicant

GENERAL RULES

1. Please fill the form in capital Letters avoiding more than opne letter in one box.
2. No. overwriting/cutting/erasing/editing is allowed or the form will be rejected.
3. Fill the related course code and description according to specified in course info brochures.

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