

INSTITUTE OF COMPUTER EDUCATION

## O.T. ROAD, BAGNAN, HOWRAH

Form No.- DV/

## APPLICATION FORM

Please read this form carefully before filling in the details in BLOCK letters.

Name				
Father's Name				
Address :				lancest
	P.S.		na niest en	dius dip
Dist Pin				
Phone : (If any) Qualification				
Date of Birth			111111111111111111111111111111111111111	
Religion				HISTORIA D
Course Name				
Course Code	Cour	se Fee		
Duration	Cour	36 1 66		
Board / University	Exam Passed		Main Subject	
MOTERATUREAND	מינעישי.			
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Certified that above details as knowledge. I have read through the to abide by the same. I also und able to consequences if any aris	ne Datavision ruderstand that I	am solely li-	and corre	tails have been verified ect. The student meets ity criteria and is recom- for admission.
Signature of Student	NE TO	NAME OF THE PARTY		
			Signature of Center Manager/ Teacher Incharge	
Signature of Father / Guardian Date :			Date:	
	For Office	Use only		
Admission Date :		(Therwall)		E WHENE
Centre Code :	en Apreh	t. milgelyl		millend
Roll No. Alloted :	nan	(a) alleger	Marin F	
Centre Address :		Centre :		