Institute of Computer Technology & Engineering (ICTe)

(Affiliated to NCVT, Ministry of Labour and Employment, Govt. Of India)

1st Floor, Volga Campus, Eye Hospital Road, Sitapur

Spon. by

Takniki Shiksha Vikas Evam Jan Kalyan Sansthan

COURSE APPLIED FOR : .....

FILL IN THE APPLICATION FORM IN CAPITAL LETTERS USING BALL PEN

1. **NAME Mr. / Ms.**

2. **Father's Name** _____ **Mother's Name** _____

3. **Father's /Occupation** _____

4. **Date of Birth** **Date** _____ **Month** _____ **Year** _____

5. **Permanent Address** _____

_____

City _____ **Pin Code** _____

Affix your recent small size photograph in the space provided

6. **Mailing Address** _____

_____

City _____ **Pin Code** _____

7. **Contact Phone No., if any**

	STD CODE	PHONE	MOBILE
Self			
Parents / Guardian			

8. **Category** **Gen.** ☐ **SC** ☐ **ST** ☐ **OBC** ☐

9. **Educational Qualification :-**

Sr. No.	Examination	Board / University	Year of Exam	Subject Offered	Name of Institution & Place	% of Marks*
1	Highschool	UP / CBSE	20__	SC/ ARTS/ AGRI.		
2.	Intermediate	UP/ CBSE	20__	BIO/ MATH/ ARTS		
3.	Graduation	CSJM/ OTHER				
4.	Post Graduation					

*** If not fully completed, give marks for the year completed so far.**

10. **Preferred time slots**

11. **Have you been a student of ICTe ?** **Yes/No**

If yes please give your batch & year **Regd.No. : .....Year : .....**

(i) Ensure that you have enclosed a copy of SC / ST / OBC certificate, if applicable.

(ii) False declaration will automatically disqualify the candidate from admission.

I certify that the particulars given by me in this application form are true to best of my knowledge & belief. I request admission and agree to abide by the decision, rules and regulation of ICTe. I further declare that i shall have no objection against the decision of ICTe regarding my admission and allotment and / or change of Study Centre at any stage.

Date : ...../...../201.....

Place : Sitapur **Sign. of Candidate** **Sign. of Parents** **Sign. of Centre Manager**