



Recognized by Govt. of India

SKILL INDIA MISSION

Autonomous Body | A National Skill India Programme of Information
Technology Education & Development | Digital India |

Application Form	
FOR OFFICE USE ONLY	
Course : _____	Affix your recent Passport size photograph here
Batch : _____ Date of Admission : ____/____/____	

Name of the Applicant: _____

Father's Name: _____

Mother's Name: _____

Address: _____

Post Office: _____ District: _____

Pin Code: _____ Phone Resi. _____

Mobile: _____ Date of admission: ____/____/____

Adhar Card No: _____ Email Id: _____

School/College/Company Name: _____

Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Exam Passed	Year	Board/University	Percentage

I do hereby declare that the particulars furnished above are true to the best of my knowledge & belief. I declare that I will abide by the rules of the Unique Informatics Computer Centre.

Father's/ Husband's / Gurdian's Signature

Applicant's Signature

Name of the Applicant: _____

Course Applied For _____

Date :

Place :

Seal/Signature