COMPUTER CORNER®

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EXAMINATION FORM

ISO 9001
CERTIFIED
ISO 9001:2015

Paste your Passport Size Photograph here.

NAME :-
_____

Father's Name :-
_____

Mother's Name :-
_____

Date Of Birth :-   AADHAR CARD NO. :-
_____-_____-_____   _____
D D   M M   Y E A R

CONTACT NO. :- _____   MONTH & YEAR of Adm. _____ _____

DIPLOMA   Y/N   IF YES :-   _____MONTHS

COURSES

DOS   __   MS-OFFICE __   TALLY   __   DESIGNING __

WINDOWS __   HTML   __   INTERNET __   PHOTOSHOP__

ANY OTHER PROGRAMME_____

DO YOU ALREADY HAVE   Y/N   CERTIFICATE NO _____DATED_____
ANY OF OUR CERTIFICATE   MARKS _____

DATE_____   SIGNATURE_____

NOTE:-Examination Fees **Rs. 100/-** is required to be Deposited with this form.

································For Office Use Only································

REGISTRATION NO._____   DATE OF ADMISSION_____

ROLL NO_____

DATE & TIME OF TEST   :-

CERTIFICATE NO_____

MARKS_____

Office Seal   Signature of Course Coordinator

Edit with WPS Office