THE MANAG	AL COMPUT SEMENT SYSTEM OF SU ISO 9001:2015 CERTIN	JPHAL COMPUTER	REDUCATION
Enrollment No.: SCE/STUD/REGCODE			Passport Size
Receipt No.:			Photo
	ADMISSION	ORM	
NAME OF STUDENT:			
FATHER NAME:			
ADDRESS:			
DATE OF BIRTH:	DDMYYYY		
CONTACT NO:			
EMAIL-ID:			
EDUCATIONAL QUALIFICATION:			
Qualification	Year of Passing	Percentage	Board/University
Matriculation	90	5	
Intermediate	: 50	A C F	
Graduation			
COURSE: DCA TALLY ERP DTP ADCA ADCA+ PGDCA TYPING ENCLOSUER: MATRIC INTERMEDIATE GRADUATION OTHER OTHER			
IDENTITY PROVE:			
DECLARATION (I.) I certify that all the information in this application form and on any attachments there to is true. I authorize the company to verify any information from whatever source it deems appropriate.			
(II.) I enclose here with a certified true copy of the whole certificate and identity prove.			
DATE: D D M M Y Y Y Y S			
Address: Mukund Complex Lal Bazar, Rajganj, Dhanbad, Contact:9386804984, Email: suphalkumar@gmail.com			