

Professional Training Undergone: (please specify)

- ☐ Passport size photograph ☐ Post Graduation
- ☐ S.S.C. Marksheet (s) ☐ Professional training certificate
- ☐ H.S.C. Marksheet (s) ☐ Leaving Certificate
- ☐ Marksheet of last examination during graduation / certificate course
- ☐ Reserve Category Certificate (if applicable)

☐ Student ☐ Job ☐ Business ☐ Others : _____

Address : _____ Phone No : _____

Phone No :

I also undertake that my admission shall be cancelled if it is proved that I have concealed or furnished wrong information.

Under any circumstances, I shall not be eligible for claiming the refund or transfer of any fee once paid by me to the Institute.

I understand that association, active or passive, with any unlawful organization is forbidden.

If fees and Post Dated Cheques (PDC) of installments (if any) are not submitted within 7 Days from the date of admission then I shall not be permitted to attend any sessions.

In case of late admission, it will be my responsibility to cover the syllabus already completed by seeking help of concern faculty in extra time.

The Interpretation of any term, word or clause of this form shall, in case of dispute, be defined and determined by the authorities of the Institute as

Signature of Applicant

Signature of Applicant

In event of my son / ward / wife admitted to the Institute, I undertake that he / she shall fulfill all aforesaid requirements and I shall also be responsible for his / her conduct and behaviour and shall pay regularly all his / her dues to the Institute determined by authority.

Name of Parent / Guardian / Husband

Signature of Applicant



FOR OFFICE USE ONLY

FEE DETAILS

Caution Money Amount in Rs.

Sr. No.	Date	Amount	Receipt no.	Payment Mode	Received by	Debit Note No. : Commencement Date : Timings : Faculty : Gap : From to Late Admission Adjustment : Late Admission Examination :

Signature _____

Entered by : _____

Checked by : _____

Authorised by : _____

Signature : _____

Signature : _____

Signature : _____

Date : _____

Date : _____

Date : _____

Application Sr. No.	Student Sr. No.	Gr. No.
---------------------	-----------------	---------



INFORMATION TECHNOLOGY CENTRE

Anoopam Mission
Yogiji Marg, Mogri - 388345
Dist. Anand, Gujarat, India
Dial: (02692) 237389, 230221 Fax: (02692) 236496
email: council@itcentre.org

80374

ADMISSION APPLICATION

Fill the form using capital letters only. Write clearly in the space provided, avoiding any ambiguity and tick ☐ the box as applicable.

For Office Use Only	
Course Code:	Batch No:
Contents	Submitted Date

Please Affix recent
Passport size
Photograph

PERSONAL DATA

Surname : _____

First Name : _____

Father's / Guardian's / Husband's Name : _____

Address for correspondence during course:

Permanent Address :

Address : _____

Address : _____

City / Town : _____ Pin code : _____ City / Town : _____ Pin code : _____

State : _____ Phone No : _____ State : _____ Phone No : _____

Mobile No : _____ Email : _____

Sex : ☐ Male ☐ Female Age : _____ Birth date : _____

Nationality : _____ Caste : _____

Category : ☐ Schedule Caste ☐ Schedule Tribe ☐ Ex- Service Man ☐ Handicapped ☐ Others

Educational Data : (to be filled up to highest level or whichever applicable)

Education Level	Degree & Stream / Main Subject	Institute / Board / University	Year Of Passing	No. of Attempts	% Obtained
S.S.C. / Equivalent					
H.S.C. / Equivalent					
Certificate Course of I.T.I. or T.E.B.					
Diploma					
Graduation					
Post Graduation					
Others (Please Specify)					