



# DI TECHNICAL

(Institute of Computer Education Center)



## ADMISSION FORM

**For Office Use Only**

- (A) Please Read Carefully Before You Complete Application Form.
- (B) Please Complete the application form in Capital Letters in Blue/Black ink.
- (C) Attach a Xerox Copy of Academic Qualification for Verification.

Passport  
Size  
Photo

Reg.No : ..... Date of Admission ...../...../.....  
 Course : ..... Course Duration: ...../...../..... to ...../...../.....  
 Batch Timing : .....

### Personal Details

Signature of the Candidate

Candidate's Name : [Grid]

Father's Name : [Grid]

Mother's Name : [Grid]

Date of Birth : [Grid]

Gender : Male  Female

Category : SC  ST  OBC  GENERAL

Permanent Address: [Grid]

Vill./City [Grid] Dist. [Grid]

State [Grid] Pin Code [Grid]

Current Address: [Grid]

Vill./City [Grid] Dist. [Grid]

State [Grid] Pin Code [Grid]

Guardian's Phone No: [Grid] Candidate Phone No: [Grid]

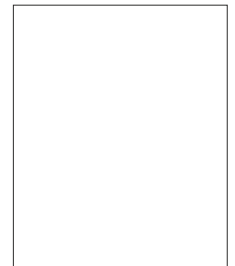
Email ID\*: [Grid]

### Last Academic Qualification

Qualification	Subject	Year of passing	Name of School/College	Percentage of Marks

## Acknowledgment

Name : .....  
 Father's Name : .....  
 Mother's Name: .....  
 Address : .....  
 Course : .....  
 Batch Timing : .....  
 Course Duration: .....



Center Incharge