

Mobile No

:.....

Center Address:....

Course Duration: .....

## DITECHNICAL



Center Incharge

Signature

## (Institute of Computer Education Center)

(Institute of Computer Education Center) Heatha side	S)
Admission Form  (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	
Reg.No:	
Personal Details Signature of the Candidate	te
Candidate's Name :	
Father's Name:	
Mother's Name :	
Date of Birth:	
Gender: Male Female	
Category: SC ST OBC GENERAL	
Permanent Address:	
Vill./City Dist.	
State Pin Code	
Current Address:	
Vill./City Dist.	
State Pin Code	
Guardian's Phone No: Candidate Phone No:	
Email ID:	
Academic Qualification	
Qualification Subject Year of passing Name of School/College Percentage of Mark	S
Acknowledgement  Registration No: Name : Father's name : Mother's Name: Address : Date of Birth :	
Course :	



(Institute of Computer Education Center)
Head Office: Dhurwa Bus Stand Ranchi Jharkhand 834004

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