Cost Rs. 20/-

Annexure "C"

For Office use only

BATCH				SERIAL						

(For Office use only)

DOEACC SOCIETY

Electronics Niketan, 6, CGO Complex, New Delhi – 110 003
Phone:011-2436 3330-02, 2436 6577, 79, 80, FAX:011-2436 3335
Email:ccc@doeacc.edu.in, Web site: http://www.doeacc.edu.in

EXAMINATION APPLICATION FORM - CERTIFICATE COURSE ON COMPUTER CONCEPTS –(CCC)

(READ ENCLOSED INSTRUCTIONS CAREFULLY BEFORE FILLING UP THIS FORM)

BOX A.

Recent Photograph
35mm x 45mm

Attested by a
Gazetted Officer
or
Bank Officer
or
Incharge – DOEACC
Accr. Instt.

BOX B. STATUS OF CANDIDATE

O	DIRECT	O	GOVT. RECOG SCHOOL / COLLEGE
O	ACCR. INSTT	O	OTHERS

BOX D. FEE DETAILS

DD NO	
DD DATE	
AMOUNT (in Rs.)	
BANK	

BOX C.

Recent Photograph
35mm x 45mm

Unattested copy of
Photograph pasted in Box
A.

BOX E. SIGNATURE OF CANDIDATE

BOX F.	**Examination Opted (indicate month and year)**	
	Indicate (first Saturday / third Saturday)	
	Name of the Regional Centre and Code	

1. NAME - IN CAPITAL LETTERS

2. FATHER'S NAME – IN CAPITAL LETTERS

3. MOTHER'S NAME – IN CAPITAL LETTERS

4. DATE OF BIRTH (in Christian Era) D D M M Y Y Y Y

5. SEX O MALE O FEMALE

Darken appropriate box

6. HIGHEST QUALIFICATION: (Darken appropriate box AND attach Attested copy of the Certificate, in respect of the Box darkened)

O Below 10th O 10th Pass O 10+2 O 10th+ITI O Polytechnic Diploma O Graduation or higher

7. RESIDENCE DETAILS OF CANDIDATE - IN CAPITAL LETTERS

ADDRESS:

CITY: PIN CODE

STATE:

7.1. CONTACT DETAILS

PHONE NO. EMAIL ID

8. INSTITUTE DETAILS- IN CAPITAL LETTERS **8.1 E-PROV. NUMBER:** 9 9

NAME:

ADDRESS:

STATUS OF INSTITUTE: O ACCR. INSTTT O GOVT. RECOG.SCHOOL/COLLEGE O OTHERS

Cost Rs. 20/-

Annexure "C"

9. OCCUPATION: (Darken the appropriate box)

O Govt. Employed O Govt. undertaking O Self Employed O Other (Please Specify) . . . . . .

10. CATEGORY: (Darken the appropriate box)

O General O Scheduled Caste O Scheduled Tribe O O.B.C.

O Handicapped O Other Please Specify) . . . . . .

11. WHETHER APPEARED PREVIOUSLY IN 'CCC' EXAM YES/ NO

If YES, give details of immediate LAST EXAM only

MONTH: | | | YEAR: | | | | | ROLL NO.: | | | | | | | | | | | | |

12. DECLARATION:

I_____S/o /D/o _____ (Father's name) and _____ (Mother's name) hereby declare that, all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of DOEACC Society and also to the decision of the Examination Authority, regarding my admission to the examination. I have noted that the Examination Authority has the right to withhold my result even after my appearing in the Examination in addition to any other action as may be deemed fit in the event of any of the statements made above being found incorrect. I have understood that the allocation of batch is on first come first serve basis and that I might be required to appear in the examination at any other date in case examination day opted by me is fully occupied.

Place:

Date: **Signature of the Applicant**

13. TO BE FILLED BY INSTITUTES / GOVERNMENT RECOGNISED SCHOOLS / COLLEGES, CONDUCTING 'CCC' COURSES, ONLY

(Refer to the Guidelines for Institutes)

Certification:

Certified that the applicant is / was a bonafide student, of **DOEACC - Certificate Course on Computer Concepts (CCC)** during the session from _____ to _____ at this institute and has *completed course before the examination*, and an amount of Rs. 340/- has been received from him/ her.

Signature:

Name:

Designation: **Institute Seal with Address**

CHECK LIST OF THE ENCLOSURES

ITEMS	Please Darken appropriate Box
→ Demand Draft (Examination fee)	O
→ Attested Photograph	O
→ Unattested Photograph	O
→ Attested copy of Mark sheet of Highest Qualification Obtained by the Candidate	O