

**COMPUTER LEARNING CENTRE**  
**PUTHIMARI COLLEGE, SONESWAR (ASSAM)**

In Collobration with <sup>TM</sup>



FORM NO. \_\_\_\_\_

**ADMISSION FORM**

**FOR OFFICE USE ONLY**

Photo

REGISTRATION NO.

COURSE  DURATION  MONTHS

DATE OF ADMISSION .....

CENTRE NAME .....

**PERSONAL DETAILS (Fill up this part in block letters)**

NAME

F/H NAME

PRESENT ADDRESS

PERMANENT ADDRESS

MOBILE NO.  MOBILE NO.

DOB  GENDER : MALE  FEMALE

EDUCATIONAL QUALIFICATIONS

OTHER QUALIFICATIONS

Declaration

I do hereby declare that the above information are true according to my knowledge and belief.

Signature of the candidate