

MAHATMA GANDHI BRAIN COMPUTER SHAKHARTA MISSION



(Established by Arunachal Pradesh Govt. Act 10 of 2012, University u/s 2(f) of

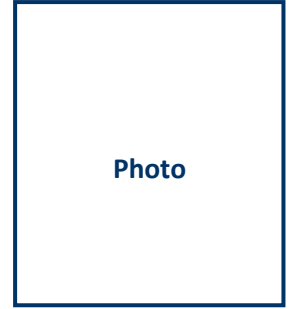
UGC act with the right to award degrees u/s 22 (1) of the UGC Act 1956

An iso 9001:2015 Certified Computer Institute

MSME & NITI Aayog (Govt of India)

ESTB : UCS-60 (NCT) New Delhi Govt of India

Work Related to Ministry of Human Resource Development



ADMISSION FORM

All Information to be filled in Capital Letter (English) Using Blue / Black Ball Pen only.

1. Course Name : 2. Course Code:

3. Admission Date :

4. Full Name of the Candidate (Space should be given between First, Middle & Last Name)

5. Father's / Husband's / Guardian's Name (Space should be given between First, Middle & Last Name)

6. Mother's Name (Space should be given between First, Middle & Last Name)

7. Date of Birth : 8. Gender :- Male Female 9. Religion :

10. Caste : OBC SC ST GEN 11. Aadhaar No :

12. Physically Challenged : Yes No 13. Candidate Mobile No . (1) :-

14. Guardian's Mobile No . (2) :- 15. Higher Qualification :

16. Single Other's 17. E – Mail Id :

18. Address for Parmanent :-

19. Details of Maximum Qualification :-

SL.	Course Name	Stream	Board / University	Year of passing	Division	% of Marks
1.						
2.						
3.						
4.						

20. Enclosers (Please Tick in the Box) a) One Stamp Size Color Photo. b) Xerox Copy of Qualifying Certificate

21. Declaration : I hereby declare that all the information stand in this application form are true to the best of my knowledge. I have followed the prospectus carefully and understood all the rules and regulation, agree to abide by them. in case of any dispute likely Education Qualification. Period of study ect made in my application form, i understand that my admission is liable to cancellation Also I declare that, I shall attend the class minimum 75%

Date :

Place :

Signature of Applicant