



CENTRAL BOARD OF COMPUTER & TECHNICAL EDUCATION

A National Programme of IT Education & Development - Regd. by GOVT. OF INDIA

MICROSOFT & ISO 9001:2015 Certified Organization

WEBSITE : www.cbcte.in

REGISTRATION FORM

Fill the form in CAPITAL LETTERS (English) using BLACK/ BLUE ink only

ASC Code

Course Name Course Code

Aadhar Card No.

Space for
Photograph
Paste one recent
passport size
photograph

Please do not Pin
or Staple

Signature

1. Full Name of the Applicant (as per certificate)

2. Father's Name (as per certificate)

3. Mother's Name (as per certificate)

4. Complete Address for Correspondence to (do not repeat name)

City / District

State

Pin Code

Mobile No.

E-Mail ID

5. Category

SC
 ST
 BPL
 MIN
 PC
 Other

6. Date of Birth

/
 /

Date Month Year

7. Sex

M - Male
 F - Female

8. Detail of Qualifying Examination

	Name of Board / University	School / College Name	Year of Passing	% Obtained
SSC/10th				
Inter/12th				
Degree				
Others				

Enclosure : Attested Xerox copy of last qualification & Cast Certificate

DECLARATION BY THE APPLICANT

I have read all the rules & regulation of the institute and admission to the course applied for. I declare that the above information is true and correct to my knowledge and belief and I fully understand that my admission will cancel if any information by me is found to be false or twisted.

Place :

Date :

Signature of the Applicant