

MEMBERSHIP FORM

DR. B.R. AMBEDKAR INSTITUTE
OF COMPUTER SCIENCES



REGISTRATION FORM- 202.....

ASC CODE (For office use only) :

Registration Date :

D	D	M	M	Y	Y	Y	Y

CENTRE NAME:

CENTRE DIRECTOR NAME :

PERSONAL INFORMATION

Director Name :

Place Of Birth :

Date Of Birth :

D	D	M	M	Y	Y

Full Address :

Status :

☐ Single	☐ Married	☐ Divorce	☐ Others
---------------------------------	----------------------------------	----------------------------------	---------------------------------

Nationality :

Postcode :

Religion :

City / Country :

E-Mail :

Aadhaar Card :

☐ Yes	☐ No
------------------------------	-----------------------------

Gender :

☐ Male	☐ Female
-------------------------------	---------------------------------

Previous Centre :

☐ Yes	☐ No
------------------------------	-----------------------------

Previous Centre Name (IF) :

Permanent Mobile No:

Whats App No:

Total Computer :

Total Staff:

Total Class Room :

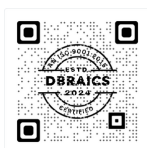
Total Lab :

More Information :

AT. KUNOR, KALIYAGANJ, UTTAR DINAJPUR, WV-733129

+91 7478761366 (Office) / drbraics@gmail.com

www.dbraics.org.in



Signature of Authority

THANK YOU FOR YOUR INFORMATION