

ADMISSION FORM

ACADEMIC YEAR: 202.....-202.....

Complete the form below sign up for training to the big



DR. B.R. AMBEDKAR INSTITUTE OF COMPUTER SCIENCES

AN ISO 9001:2015 CERTIFIED INSTITUTION

ADD. Kunor, Kaliyaganj, U/D, W/B-733129
Mob: +91 7001327495 / 7478761366 (Office)

E-mail Id: dbraics@gmail.com

Website: www.dbraics.org.in

● Course Applied For

● Admission Date: _____

ATTACHED
PHOTO
HERE

Write Your Personal Information :

Candidate's Name :
(PLEASE USE CAPITAL)

Place Of Birth : _____ / _____ / _____ Gender : ☐ Male ☐ Female

Address : _____

Phone Number : _____ E-Mail : _____

Father Name : _____ Mother Name : _____

Status : ☐ Single ☐ Married ☐ Divorce ☐ Others

Aadhaar No. : _____ Disable Person ☐ Yes ☐ No
(Optional)

OTHER ID TYPE (IN CASE NATIONAL ID /PASSPORT IS NOT ACAILABLE)

● Present Address (Residences)

State : _____ Country : _____ Postcode : _____

Guardian Mob No. _____ E-Mail : _____

● Qualification Details (10th/12th/B.A)

CLASS: _____ TOTAL MARKS : _____ MARKS OBTAINED : _____

TOTAL PERCENTAGE _____ E-Mail : _____

☐ I Accept and agree to the above details



Signature Of Parents

Signature Of Student