

Please submit application form photocopied on both sides of the sheet in A-4 size only



# CLICK COMPUTER INSTITUTE

## क्लिक कंप्यूटर इंस्टिट्यूट

(An Autonomous Institution Registered Under Public Samiti Act-Govt of India)

### EXAMINATION FORM

1. Session : .....
2. Semester : .....
3. Reg. No. :
4. Category : ST..... SC .....OBC .....Other .....
5. Name of Candidate :
6. Father's Name :
7. Date of Birth :
8. Center code : .....
9. Course Name : .....
- Course Medium : .....
10. Paper Appearing in 1<sup>st</sup> Semester/ 2<sup>nd</sup> Semester

S.No.	Paper Name
1	
2	
3	
4	
5	
6	

S.No	Paper Name
1	
2	
3	
4	
5	
6	

Date: .....

Signature of Candidate

DECLARATION

(To be filled in by the candidate)

I wish to appear in the class/course \_\_\_\_\_ examination of \_\_\_\_\_ month, Year \_\_\_\_\_ of the CCI. I have been carefully go through the rules and regulation, and I promise to abide by them. I assure you that I have filled all the information in the form true to the best of my knowledge and belief. I shall be responsible for the consequences if the information filled by me is incorrect. I know that hereafter no changes shall be made in the subjects and place of examination.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Candidate's Signature

\_\_\_\_\_

Name : \_\_\_\_\_

ATTESTATION

(To be filled in by the Head of the Study Centre)

This is to certify that Shri/Ku./Smt. \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ is a student registered from our centre. The registration fee of Rs. \_\_\_\_\_ has been paid to the Head office on date \_\_\_\_\_ by UPI / CASH. I have personally verified the eligibility from the original documents. The photo pasted on the form depicts his/her current appearance correctly. The examination fee Rs. \_\_\_\_\_ is being paid by UPI/CASH. along with the form. I have personally checked the entries and guided the candidate for filling complete information in the columns on the form. I attest that all the entries are correct.

Affix seal/Stamp of Name

.....

Address and Study Centre Code

Signature of Head of the Study Centre

Place: \_\_\_\_\_

Name.....

Phone No. with STD Code .....

Date : \_\_\_\_\_

