



# KALINGA BIKASH COMPUTER ACADEMY

AT/PO-KUJANG, DIST.: JAGATSINGHPUR, TEL: 9937754506

## APPLICATION FORM

Regd. No.....

Name of the Center :.....

1- Name of the Applicant's :.....

2- Father's Name :.....

3- Mother's Name :.....

4- Date of Birth :..... Age .....

5- Sex :..... Religion :.....

6- Present Address :.....

.....

..... Pin..... Student's Mob.No.:.....

Residence No..... Guardian No.:.....

E-mail Id :.....

7- Name of the Course :.....

.....Duration of the Course :.....

8- Course Fee :Rs...../- (In Words .....)

9- Are you Interested Fee in Install in monthly basis : ..... If Yes Install Amount Rs.....

10- Educational Qualification : a) 10<sup>th</sup> : Year of Passing ..... Division/Grade :.....

b) +2 : Year of Passing..... Division/Grade....., c) +3 : Year of Passing.....

Division/ Grade :..... d) ITI/Diploma/B.Tech/Other : Year of Passing:..... Grade :.....

11- If Employed Name & Address of the Organisation :.....

**12- Self Declaration :-** I hereby Declare that I have understood all the rules & Regulation laid down by "Kalinga Bikash Computer Academy". I agree to abide by all the rule & regulation mentioned and shall follow professional ethics and uphold the cause and dignity of the Computer profession, failing which the organisaiton is liable to take necessary action.

**Place :**

**Date :**

Affix Recent  
Passport Size  
Photograph