



# MOTHABARI COMPUTER TRAINING INSTITUTE

AN ISO 9001 : 2015 CERTIFIED INSTITUTE

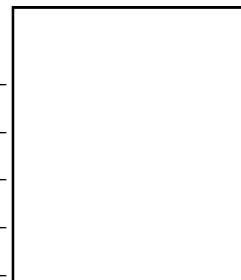
Regd. Office : Vill., P.O. & P.S. Mothabari, Block- Kaliachak-II, Dist. Malda, Pin- 732207  
Phone :- 03512-249110, Mobile :- 9733020704, e-mail :- mctivtp@gmail.com, Website- www.mcti.in

## REGISTRATION FORM

Application No. : \_\_\_\_\_ Student's ID : \_\_\_\_\_  
 State : \_\_\_\_\_ District : \_\_\_\_\_  
 Study Centre : \_\_\_\_\_ Centre Code : \_\_\_\_\_  
 Course Category : \_\_\_\_\_ Course Code : \_\_\_\_\_ Duration : \_\_\_\_\_

### PERSONAL DETAILS :-

Applicant Name : \_\_\_\_\_ Sex : \_\_\_\_\_  
 Date of Birth : \_\_\_\_\_ Marital Status : \_\_\_\_\_  
 Category/Caste : \_\_\_\_\_ Nationality : \_\_\_\_\_  
 EC Category : \_\_\_\_\_ Religion : \_\_\_\_\_  
 Applicant's Occupation : \_\_\_\_\_ Disabilities : \_\_\_\_\_  
 Applicant Mobile No. : \_\_\_\_\_ Guardian Mobile No. : \_\_\_\_\_  
 e-mail ID : \_\_\_\_\_ Adhaar No. : \_\_\_\_\_  
 Father's Name : \_\_\_\_\_ Mother's Name : \_\_\_\_\_  
 Husband's Name : \_\_\_\_\_ Family Income Source : \_\_\_\_\_



### Permanent Address :-

C/o- : \_\_\_\_\_  
 Vill. : \_\_\_\_\_  
 P.O. : \_\_\_\_\_  
 P.S. : \_\_\_\_\_  
 Block : \_\_\_\_\_  
 Dist. : \_\_\_\_\_  
 State : \_\_\_\_\_  
 PIN : \_\_\_\_\_

### Local Address :-

C/o- : \_\_\_\_\_  
 Vill. : \_\_\_\_\_  
 P.O. : \_\_\_\_\_  
 P.S. : \_\_\_\_\_  
 Block : \_\_\_\_\_  
 Dist. : \_\_\_\_\_  
 State : \_\_\_\_\_  
 PIN : \_\_\_\_\_

### EDUCATIONAL :-

Exam Passed	Stream	Year of Passing	Name of the School / College	Board / Council / University	Per. (%) of Marks	Division/ Class
Madhyamik						
HS (10+2)						
Graduation						
Post Graduation						

### Applicant's Declaration :-

I hereby declare that all the above statements are true and correct the best of my knowledge and belief. I shall obey all the Rules and Regulations of the organization. I also understand that this contract is subject to continuing and participative interest on my part.

\_\_\_\_\_  
*Signature of the Guardian*

Date :

\_\_\_\_\_  
*Signature of the Applicant*