GOVT. COLLEGE FOR WOMEN NAWAKADAL, SRINAGAR



DEPARTENT OF COMPUTER APPLICATIONS

Form S.No:

REGISTRATION FORM

BASIC COMPUTER COURSE(BCC)

FULL NAME OF CANDIDATE :	Paste passport size photo here
FATHER'S NAME :	
MOTHER'S NAME :	
DATE OF BIRTH :/	_
PHONE NUMBER/MOBILE :	
CATEGORY (SC/ST/GEN) :	
GENDER: <u>FEMALE / MALE</u>	
EMAIL ID :	
ADDRESS :	
PIN CODE :	
DEPARTMENT/STREAM :	
SUBJECTS:	
SEMESTER:	
ROLL NO:	
UNIVERSITY REGISTRATION No	
VISIBLE MARK :	
ADHAAR NUMBER :	
UNDERTAKING	
 I do hereby undertake: That the above information is correct to the best of my knowledge and nothing That I will attend all the classes of the course without any fail. That I shall not be allowed to appear in the examination if I fail to attend the course. That I will pay a non-refundable fee of Rs 200/- for the course. 	
Signature of course Coordinator Sig	nature of Registrant