NATIONAL YUVA COMPUTER SAKSHARATA MISSION

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Authorized Training Centre Name :	Centre Code :
	IND
<u>Student Adm</u>	From No :- NYCSM/ ission Form
1. Course Name :	
2. Course Code : 3. Date of Admissio	on :
4. Name of the Applicant :	
5. Name of Applicant's Father :	ER SAKS
6. Name of Applicant's Mother :	
7. Applicant's Aadhar Number :	8. Date of Birth :
9. Category : 10. Se	ex : 11. Personal Phone No :
SC ST OBC GEN MIN M	F
12. Applicant's Qualification (Name of the Last Exami	nation) : 13. Guardian Phone No :
C	
14. Applicant's Permanent Address :	
COMPUTER	EDUCATION
DECLARATION BY	THE APPLICANT

All the information's give above are true to the best of my knowledge and nothing is concealed therein, I have read & understood the term & conditions made by NYCSM & accept the same. In case of any infringement of said terms and conditions by me, NYCSM H.O/R.O/ Centre head, shall have full right to cancel above mentioned Course and I shall only be liable for the same.

Signature of Student

Signature of Centre Director (With Seal)