

SWAGAT COMPUTER CENTER An ISO 9001:2015 Certified Institute

ADMISSION FORM



Date:

ATC CODE :	-
COURSE NAME:	
1. Name of the Candidate :	
2. Father's / Husband Name :	PLITE
3. Mother's Name :	EROL
S. Mother S Name	YA A
4. Communication Address (Do not Re	epeat Name):
5.City / District:	Post office :
6. Mobile No :	
7 . Email ID :	5
8. Category :	9. Date of Birth :
10. Gender :	11. Qualification :
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I hereby declare that a	all the information given by me in this application is true and
correct to the best of my knowledge and	belief . I also note that if any of the above statement are found to or particulars have been suppressed or omitted there from
	mission may be cancelled . I hereby permit the institute tails furnished by me in this form for complying with the
admission formalities .	