For Office use only	Registration Number

FORM: A

National Institute of Electronics & Information Technology, Patna

राष्ट्रीय इलेक्ट्रॉनिकी एवं सूचना प्रौद्योगिकी संस्थान ,पटना

NIELIT Patna Centre, Near IIT Main Gate, Amhara, Bihta, Patna-801106

***Registration Form* पंजीकरण फॉर्म (*For Bihar State Group "C" & Secretariat Assistant Training Programme*)**

Training Name: - Employee Training Program **Course Name:** CCAC (Course on Computer Application & Concepts)

PHOTO

TO BE ATTESTED BY DEPARTMENT HEAD

GPF/PRAN NUMBER_____

FEE DETAIL: AMOUNT: **5526**/- (Rs. Five Thousand Five Hundred & Twenty-Six)

IN FAVOUR OF: **NIELIT PATNA CENTRE** PAYBLE AT: **PATNA**

DEMAND DRAFT NO: _____ DATE: _____ /_____ /_____

ISSUING BANK: _____

PHOTO

Name of candidate

Fathers Name

Office Address

PIN CODE

Date of Birth D D M M Y Y Y Y Gender: Male Female

Contact No.: E-mail:

Category: General OBC SC ST PWD Other (Please Specify) _____

Department Designation:

I _____S/O/ D/O _____hereby declare that all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of NIELIT and also to the decision of the NIELIT Authority, regarding my admission to the Training. I have noted that my candidature can be cancelled in addition to any other action as may be deemed fit in the event of any of the statements made here, being found incorrect. I have noted that, I might be required to appear in the training at any centre decided by NIELIT PATNA.

Place: _____

Date: _____/_____/_____ Signature of the Candidate

VERIFICATION BY DEPARTMENT (सम्बंधित विभाग द्वारा सत्यापन)

Verified that the details furnished above by Sh./Mrs./Ms. _____S/o D/o Sh. _____are true and correct according to official records and he/she is permitted to attend the proposed training programme.

Signature of Verifying Authority: _____

Date: _____/_____/_____

Name:_____

Designation:_____

Seal: _____

TO BE FILLED BY TRAINING CENTRE (प्रशिक्षण केंद्र द्वारा भरा जाए)

Form Serial Number.: _____ Training Centre Code_____

Study Centre Name:_____

Fee Acknowledgement Number: _____ Signature_____

Date:_____ Authorized Person Name_____

Seal_____

सम्बंधित विभाग द्वारा फॉर्म सत्यापित नहीं किये जाने पर फॉर्म स्वीकार नहीं किया जायेगा।