National Institute of Electronics and Information Technology
Dr. B.A.M. University Campus, Aurangabad – 431004 (MS)
Tel: 0240-2982021, 2982022, Fax : 0240-2982050
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NIELIT — रा.इ.सू.प्रौ.सं

NIELIT QUALITY ASSURANCE IN COMPUTER EDUCATION

Hardware Course Registration Form   ESDM

Course Applied - CHM O ☐   CHM A ☐   O Level Ref.No. ☐☐☐☐☐☐☐☐☐☐☐☐

Candidate Details (Use BLOCK letters only for name details. Leave a blank space between two words.
All fields are mandatory, tick where ever possible)

First Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Father/ Middle Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mother Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Date of Birth (DDMMYYYY) ☐☐☐☐☐☐☐☐   Gender - M ☐   F ☐

Category -   General ☐   OBC ☐   SC ☐   ST ☐   Minority ☐

Physically Challenged -   Yes ☐   No ☐   Percentage of Disability ☐ %

Belong to BPL (Below Poverty Line) category?   Yes ☐   No ☐   Income p.a. in Rupees ☐

Photo ID -   Aadhar ☐   PAN ☐   Elec. Card. ☐   Driv. Lic. ☐   Sch./ col. ID ☐

Aadhar Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Academic Qualification

Sr.No.	Exam.Passed	Name of Board / University	Passing Year	%marks obtained	Class / Division

Permanent Address   Tick if same as permanent address ☐   Correspondence Address

Permanent Address	Correspondence Address
City _____ Pin ☐☐☐☐☐☐	City _____ Pin ☐☐☐☐☐☐
State	State

Mob. No. ☐☐☐☐☐☐☐☐☐☐   e-mail ID ☐

I, hereby declare that, I agree to abide by the rules and regulations of NIELIT and also to the decision of the Examination authority, regarding my eligibility for filling the exam form of CHM O/A. I declare that the particulars filled in this form are true to the best of my knowledge and belief. I have noted that the Authority has the right to withhold my application of registration, examination, result, or certification, in addition to any other action as may be deemed fit in the event of any of the statement(s) made by me in the form/ above being found incorrect.

Candidate Signature _____

For AHI Use Only

AHI Code : _____   Online Form No : _____