APPLICATION FORM FOR DOEACC “O” LEVEL COURSE
Free Training for SC/ST Candidates
by
Backward Classes Welfare Department, Govt. of West Bengal
in Association with
The Institute of Computer Engineers (India)
Chatterjee International Centre, 12th floor, Kolkata – 71

FILL THE FORM IN BLOCK LETTERS

Name of the Centre …………………………………………………………………………………………………………………………………………..

Name of the Applicant ………………………………………………………………………………………………………………………………………

Father’s /Guardian’s Name …………………………………………………………………………………………………………………………………

Father’s /Guardian’s Profession ………………………………………………………………………………………………………………………

Permanent address with PIN & contact no.…………………………………………………………………………………………………………

Correspondence address with PIN & contact no………………………………………………………………………………………………

Nationality …………………………………………………………………………………………………………………………………………………………..

If SC/ST ………………………………………………………………………………………………………………………………………………………………..

Annual Family Income(Rs.): …………………………………………………..Sex (male/ Female)……………………………………………………

Date of Birth ……………………………………………………..Age …………………………………………………………………………..

I do solemnly declare that all the particulars given above are true. I shall abide by the guidelines of the Backward Classes Welfare Department, Government of West Bengal. Further declare that I shall attend at least 75% of the training classes conducted by The Institute of Computer Engineers (India), Kolkata.

I agree    Confirmed by

Date:……………….  ………………………….  ………………………………………… (dd/ mm/ yyyy)  (Student’s Signature)  (Parent’s / Guardian’s Signature)

Please enclose the xeroxed & attested copies of the following documents along with the filled in application form and tick against each:i) Copy of Mark Sheet(s) ii) Two passport sized photographs iii) Copy of SC/ST Certificate iv) Copy of age proof document(birth certificate/ admit card) v) Family Income declaration vi) Residential Certificate.

Note: Originals of all the above stated documents have to be shown during the interview.
Declaration on Family Income by Parent / Guardian of the applicant

I.................................................................the parent/guardian of
.................................................................residing at ...........................................................

...............................................................................................................hereby declare that I
belong to SC/ST Community and my annual family income from all sources is Rs.
..........................(in figures) Rupees ............................................................... only (in
words).

I also declare that, at any stage, the information given by me if proved to be false / not true,
benefit of the scheme may be withdrawn and legal action as deemed fit by the authority
may be taken against me or my ward.

Date: ................................. ............................................................... Full Signature of Parent / Guardian