IICSM COMPUTER EDUCATION

Indian Institute of Computer Science & Management
(An Autonomous Institute Regd. Under the Society Act, U.P. Govt.)
AN ISO 9001:2015 Certified Institute

Examination Form

Instructions:
1. Form Should be filled in block capital letters in English language with blue ink only by the applicant
2. Incomplete application will be rejected without any further communication
3. Filling up application form does not guarantee the acceptance of request for evaluation.

Course Name:		Course Code:	

Name of the Applicant:

Gender	Date of Birth (As Matriculation Certificate)
Male ☐ Female ☐	DD ☐☐ MM ☐☐ YYYY ☐☐☐☐

Father's Name:

Mother's Name:

Nationality: Indian- ☐   Others (specify the name of the country) ☐

Category: ☐ General ☐ SC ☐ ST ☐ OBC ☐ Physically Handicapped

(Signature)

Permanent Address:

Pin Code:

E-mail: 　　　　　　　　　　　　　Mobile:

Academic Details (enclose duly attested true photocopies of the originals)

Sr. No.	Paper Name	√	Sr. No.	Paper Name	√
01.	Computer Concept & Fundamentals		02.	Operating System (DOS, Windows)	
03.	Office Package		04.	FoxPro/Visual FoxPro (DBMS)	
05.	DTP (Desktop Publishing)		06.	"C" & C++	
07.	HTML/ DHTML		08.	Tally 9.5/ERP 9 (Computer Accounting)	
09.	Financial Accounting		10.	E-mail & Internet Technology	
11.	Oracle		12.	Visual Basic Script	
13.	Java Script		14.	System Analysis & Design	
15.	Practical/Lesson Plan		16.	Viva-Voice	

Declaration By the Applicant

I wish to appear in the class/course .... examination of Month ....Year. ....of the IICSM. I have been carefully going through the rules & regulation, and I promise to abide by them. I assure you that I have filled all the information in the form true the best of my knowledge and belief. I shall be responsible for the Consequences if the information filled by me is incorrect. I know that here after no change shall be made in the subjects and place of the examination.

Date	Signature of the Applicant:
Place	