

COMPUTER TEACHER'S TRAINING ACADEMY
D.C.Ed. CET Exam Application Form

Student Online Inquiry ID number: _____

Region :	District:	Taluka:		
Full Name of Student in Capital:				
Full Address in Capital:				
Phone: Res./off. :	Mobile:	E-mail:		
Name of Parent or Guardian :				
Date of Birth:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single	Qualification: (Appeared / Appearing)			
Religion: _____	Cast: _____	<input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> BC <input type="checkbox"/> Open <input type="checkbox"/> Other : _____		
Are you Teacher (Y / N) : _____	Occupation: (Student/Service/Business): _____			
Academic Record: As follows				
Name of Exam	Year of Passing	Medium	Board / University	Grade / Percentage
S.S.C.				
H.S.C. / Diploma				
Degree				
Computer Knowledge				
Other Qualification				
If you have any query Comment or questions please fill here.				
Place: _____	Date: _____	Signature: _____		
<u>FOR OFFICE USE ONLY</u>				
Remark:				
Remark by:	Date:	Signature:		