DOEACC : AN AICTE – DOE (GOVT. OF INDIA) SCHEME

FORM FOR REGISTRATION FOR DOEACC O/A/B/C LEVEL EXAMINATION OR TRANSFER OF LEVEL

Revision No.6

FOR OFFICIAL USE ONLY

1. PHOTO ATTESTED			Y	N	
2. DD	I	C	P	N	INITIAL & DATE
3. DOEACC ON DD			Y	N	
4. DD AMOUNT		L	OK	M	
5. EDN. CERT ATT.		Y	N		
6. EDN. QLN. OK		Y	N		

LOT REF. NO.

STN	LOT	SRL. NO.

INITIAL & DATE

REGISTRATION NUMBER

To,
The Executive Director
DOEACC Society
Electronics Niketan, 6 CGO Complex, New Delhi 110003.

Photograph 5x4 Cms.

Attested by a Gazetted Officer/Panchayat/ Bank Officer

Sir,

I WISH TO REGISTER FOR [ ] LEVEL EXAMINATION.

WHETHER PREVIOUSLY REGISTERED [ ] Yes [ ] No *(Place X)*

If yes, indicate Level [ ]

Registration Number [ ]

1. NAME *(Use Block Letters Only; Leave one blank between words)*

2. FATHER'S NAME *(Use Block Letters Only; Leave one blank between words)*

3. PERSONAL ADDRESS *(For Mailing ; Please ensure correctness and keep it updated) (DO NOT REPEAT NAME)*

4. TOWN

5. PIN CODE

6. AGE AND DATE OF BIRTH *(In Christian Era) :* Age [ ] Date of Birth [ ]

7. SEX : *(Place X)* Male [ ] Female [ ]

8. WHETHER UNDERGOING DOEACC COMPUTER COURSE ACCREDITED UNDER DOEACC : *(Place X)* Yes [ ] No [ ]

If yes, indicate name and address of the Institute

ACCR No. of the Institute [ ]

P.T.O.