

Cost Rs. 20/-

(For Office use only)



Electronics Niketan, 6, CGO Complex, New Delhi – 110 003  
Phone:011-2436 3330-02, 2436 6577, 79, 80, FAX:011-2436 3335  
Email:ccc@nielit.in. Web site: <http://www.nielit.in>

(READ ENCLOSED INSTRUCTIONS CAREFULLY BEFORE FILLING UP THIS FORM)

<b>BOX A.</b>  <div style="text-align: center; padding: 10px;"> Recent Photograph  35mm x 45mm </div> <div style="text-align: center; padding: 10px;"> <b>Attested</b> by a  Gazetted Officer  or  Bank Officer  or  Incharge – NIELIT  Accr. Instt. </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center; padding: 5px;"><b>BOX B. STATUS OF CANDIDATE</b></th> </tr> <tr> <td style="width: 10%; text-align: center; padding: 5px;"><input type="radio"/></td> <td style="width: 30%; padding: 5px;">DIRECT</td> <td style="width: 10%; text-align: center; padding: 5px;"><input type="radio"/></td> <td style="width: 50%; padding: 5px;">GOVT. RECOG SCHOOL / COLLEGE</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="radio"/></td> <td style="padding: 5px;">ACCR. INSTT</td> <td style="text-align: center; padding: 5px;"><input type="radio"/></td> <td style="padding: 5px;">OTHERS</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;"><b>BOX D. FEE DETAILS</b></th> </tr> <tr> <td style="width: 30%; padding: 5px;">DD NO</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">DD DATE</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">AMOUNT (in Rs.)</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">BANK</td> <td style="padding: 5px;"></td> </tr> </table>	<b>BOX B. STATUS OF CANDIDATE</b>				<input type="radio"/>	DIRECT	<input type="radio"/>	GOVT. RECOG SCHOOL / COLLEGE	<input type="radio"/>	ACCR. INSTT	<input type="radio"/>	OTHERS	<b>BOX D. FEE DETAILS</b>		DD NO		DD DATE		AMOUNT (in Rs.)		BANK		<b>BOX C.</b>  <div style="text-align: center; padding: 10px;"> Recent Photograph  35mm x 45mm </div> <div style="text-align: center; padding: 10px;"> <b>Unattested</b> copy of  Photograph pasted in Box  A. </div>
<b>BOX B. STATUS OF CANDIDATE</b>																								
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<b>BOX F.</b>	<b>Month &amp; Year of Examination</b>																							

[illegible][illegible][illegible]

4. DATE OF BIRTH (in Christian Era) 

D	D

M	M

Y	Y	Y	Y

 5. SEX ☐ MALE ☐ FEMALE

Darken appropriate box

**6. HIGHEST QUALIFICATION:** (Darken appropriate box AND attach Attested copy of the Certificate, in respect of the Box darkened)

☐ Below 10<sup>th</sup>
☐ 10<sup>th</sup> Pass
 ☐ 10+2
 ☐ 10<sup>th</sup>+ITI
 ☐ Polytechnic Diploma
 ☐ Graduation or higher

7. RESIDENCE DETAILS OF CANDIDATE - IN CAPITAL LETTERS																												
ADDRESS:																												
CITY:																												
STATE:																												
				</																								

7.1. CONTACT DETAILS																	
PHONE NO.														EMAIL ID			

8. INSTITUTE DETAILS- IN CAPITAL LETTERS														8.1 E-PROV. NUMBER:				8	8	0	0	0	3	8	9		
NAME:	N	I	S	T	H	A		I	N	S	T.		O	F		S	C	I.		A	N	D		T	E	C	H.
ADDRESS:																											
	A	R	A	Z	I	B	A	G	H		A	Z	A	M	G	A	R	H									

STATUS OF INSTITUTE: ☐ ACCR. INSTTT ☐ GOVT. RECOG.SCHOOL/COLLEGE ☐ OTHERS

9. CENTRE CHOICE	First Choice	Second Choice
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CITY CODE    NAME  CITY CODE    NAME

**10. OCCUPATION: (Darken the appropriate box)**

☐ Govt. Employed      ☐ Govt. undertaking      ☐ Self Employed      ☐ Other (Please Specify) .....

**11. CATEGORY: (Darken the appropriate box)**

☐ General      ☐ Scheduled Caste      ☐ Scheduled Tribe      ☐ O.B.C.  
☐ Handicapped      ☐ Other Please Specify) .....

**12. WHETHER APPEARED PREVIOUSLY IN 'CCC' EXAM      YES/ NO****If YES, give details of immediate LAST EXAM only**

MONTH:   YEAR:     ROLL NO.:

**13. DECLARATION:**

I \_\_\_\_\_ S/o /D/o \_\_\_\_\_ (Father's name) hereby declare that, all the particulars stated in the application, are true to the best of my knowledge and belief. I agree to abide by the rules and regulations of DOEACC Society and also to the decision of the Examination Authority, regarding my admission to the examination. I have noted that the Examination Authority has the right to withhold my result even after my appearing in the Examination in addition to any other action as may be deemed fit in the event of any of the statements made above being found incorrect. I have noted that, I might be required to appear in the examination at any other centre not specified under centre choice column above.

Place: AZAMGARH

Date:

Signature of the Applicant

**14. TO BE FILLED BY INSTITUTES / GOVERNMENT RECOGNISED SCHOOLS / COLLEGES, CONDUCTING 'CCC' COURSES, ONLY**

(Refer to the Guidelines for Institutes)

**Certification:**

Certified that the applicant is / was a bonafide student, of **NIELIT - Certificate Course on Computer Concepts (CCC)** during the session from \_\_\_\_\_ to \_\_\_\_\_ at this institute and has *completed course before the examination*, and an amount of Rs. 340/- has been received from him/ her.

Signature:

Name: AMIT KUMAR GUPTA

Designation: HEAD OF DEPARTMENT

Institute Seal with Address

<b><u>CHECK LIST OF THE ENCLOSURES</u></b>	
<b><u>ITEMS</u></b>	<b><u>Please Darken appropriate Box</u></b>
→ Demand Draft (Examination fee)	<input type="radio"/>
→ Attested Photograph	<input type="radio"/>
→ Unattested Photograph	<input type="radio"/>
→ Attested copy of Mark sheet of Highest Qualification Obtained by the Candidate	<input type="radio"/>