



NCIT COMPUTER

INFRONT OF BALAGHAT HOSPITAL, BHATERA ROAD, BALAGHAT (M.P.) 481001

Contact No. - 9098763399 Email - ncitbgt@gmail.com

My Website- www.ncitbalaghat.in

ADMISSION FORM

1. Course _____ Admission date __/__/____

2. Name of the Student _____

3. father's Name _____

4. Mother's Name _____

5. Address _____

6. DATE OF Barth ___/___/_____

7. Dist. _____ State _____

8. Contact No. (i) _____ (ii) _____

9. Aadhaar Card No. _____

10. Email id (if any) _____

11. Category (Gen/SC/ST/OBC/OTHER) _____

12. Qualification:

Examination	Board/University	Year	Percentage
10th			
12 th			
Graduation			

13. Total fee _____

14. Amount Deposit _____

Declaration

- * I have by declared that the information provided by me is true and subject to verification by NCIT.
- * I have read and understood the rules and regulation, fee structure, syllabus decided by NCIT.

Signature
Student/Parents

Signature
Admission Officer