



ALL INDIA IT ASSOCIATION° अखिल भारतीय सूचना प्रौद्योगिकी संगठन

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STUDENT REGISTRATION FORM

For	Office Use Only
	Affix a Cross Signed Passport Size Photograph Mark the box of the relevant course in which you want to appear
	Software Stream Please write your choice
	Hardware Stream Please write your choice
2.	Name (in CAPITAL Letters) Salutation Mr. Ms. Mrs.
	First Name Middle Name Last Name
3.	Father's / Husband's Name
4.	Guardian's Name (if any)
5.	Date of Birth (in Christian Era) D D M M Y Y Y Y
6.	Mobile No. Residence No. with STD code
7.	Email ID
-	8. Correspondence Address 9. Permanent Address
10.	Highest Educational Qualification



12. Year of Comp	oletion		13. Perc	entage (%)			
Kindly attach any	one of the Education	Passing Certi	ificate while	submitting the F	orm to EP		
No. of Courses	Fee Per Sul	bject	Total Amount in Figures To		Total A	Total Amount in Words	
	Rs. (AlITA members) Rs. (Other	ers)	Rs.		Rs.		
DD Number	Date	Issuing	Bank	Issuing Br	anch	Amount	
		A		220			
4. Mention the sam		ne date of birth as	s mentioned in t		nd in case o	f any dispute its decision would be	
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Seal & Signature of the Authorised Institute