APPLICATION FOR COMPUTER TRAINING PROGRAMME UNDER WEST-2019

To,

Professor & Director,
Department of Master of Computer Applications,
R V College of Engineering, Mysuru Road,
Bengaluru-560 059

RECENT PHOTO

01	Name of the candidate (In Block letters)	
02	Name of the Father / Guardian Occupation Annual Income Address Phone (with STD Code) Mobile: Email:	
03	Place of Birth	Place: State: Country:
04	Date of Birth and age	
05	Religion & Nationality	

06. Details of Qualifying Examination:

Name of Examination	Register No.	Name of School / College and Board, State & Country	Year of passing	Medium of Instruction

DECLARATION BY THE APPLICANT

I hereby declare that all the particulars stated in this application and in the enclosures are true to the best of my knowledge and belief.

Place:

Date :   Signature of the Applicant

Enclosed following documents

1) 10th Marks Card
2) Higher Education Marks Cards [PUC/Diploma/ ITI/ Any Degree]
3) Income Certificate
4) Caste Certificate
5) 2 Photos (Passport Size)