



FOR OFFICE
USE ONLY

REGISTRATION NUMBER

Form No:

DOEACC SOCIETY, REGIONAL OFFICE PATNA डीओईएसीसी सोसाईटी, क्षेत्रीय कार्यालय पटना
सूचना प्रौद्योगिकी विभाग संचार एवं सूचना प्रौद्योगिकी मंत्रालय भारत सरकार की स्वायत्त वैज्ञानिक संस्था
A-5, 13th Floor Biscomaun Tower, West Gandhi Maidan Patna - 800001
Registration Form पंजीकरण-फार्म (For Bihar State Employee Training Programme)

डी.ओ.ई.ए.सी.

COURSE NAME

Course on Computer Application & Concepts (CCAC)

PHOTO (A)

Attested By
Department
Head

GPF Number:

Fee Details:

Amount Rs.

In Favour of DOEACC SOCIETY REGIONAL OFFICE Payable At PATNA

Demand Draft No: _____ Date: _____

Issuing Bank _____

PHOTO (B)

Similar to Photo A

NOT To Be
Attested

Signature of Candidate

1. Name of Candidate

2. Father's Name

3. Office Address

4. Date of Birth

DD MM YYYY

5. Sex

MALE

FEMALE

6. Contact No.

7. E-Mail

8. CATEGORY: (Tick in the appropriate box)

General

Scheduled Caste

Scheduled Tribe

O.B.C.

Handicapped

Other (Please Specify)

9. Department:

10. Designation:

10. Type of Posting Place:

Secretariat

Division

District HQ

Subdivision

Block

11. Name of Posting Place:

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 DOEACC Authority, regarding my admission to the Training. I have noted that my candidature can be cancelled in addition to any other action as may be deemed fit in the event of any of the statements made here, being found incorrect. I have noted that, I might be required to appear in the Training at any centre decided by DOEACC Society.

Place: _____
Date: _____

Signature of the Candidate: _____

Verification By Department (सम्बन्धित विभाग द्वारा सत्यापन)

Verified that the details furnished above by Sh. / Mrs. / Ms. _____ S/o /D/o
Sh. _____ are true and correct according to official records and he/she is
permitted to attend the proposed training programme.

Signature of Verifying Authority: _____

Name _____

Designation _____

Seal: _____

Date: _____

TO BE FILLED BY TRAINING CENTRE (प्रशिक्षण केन्द्र द्वारा भरा जाये)

Form Serial number : _____

Study Centre Code _____

Study Center Name _____

Fee Acknowledgement Number : _____

Date : _____

Signature: _____

Name: _____

Seal _____

सम्बन्धित विभाग द्वारा सत्यापित नहीं किये जाने पर फार्म स्वीकार नहीं किया जायेगा।