



NATIONAL INSTITUTE OF YOUTH COMPUTER EDUCATION

Registered Under Trust Act. Govt. of W.B., An Autonomous Organization, C.R. Act. 1957 Ministri of HRD GOVT. OF INDIA

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ATP/ATC REGISTRATION FORM

(All informations fill in CAPITAL LETTERS & use only blue or black ink)

Name of the Center-in-Charge :

Father's /Husband's/Guardian's Name :

Date of Birth : V Card/Adhaar No.

Permanent Address :

City/Town : P.O. :

District : PIN : State :

Corresponding Address :

City/Town : P.O. :

District : PIN : State :

Residential Phone No : Office Phone No :

Name of the Organization :

Organization's Address :

City / Town : Post Office :

Police Station : District : State :

Website (if Available) : E-mail ID :

TYPE OF ORGANIZATION :

Name of the City / Town you are Applying for :

Area of the Premises (sqft) : No of Student (Standing) :

No of Class Room : Theory Practical Lab Reception

Faculty Staff : Male Female

Type of Premises : Rented Own Trade Lc No.....

Do you have? Wash room : Drinking Water : Power Backup :

Do you have? Broad Band : Printer : Scanner :

Date :

Signature with Proper Stamp of Center In-Charge

Photo of
Center-In-Charge