JATIYA YUVA Computer Shaksharta Mission

JYCSM
Jatiya Yuva Computer Shaksharta Mission
STUDENT ADMISSION FORM

FORM NO.	_____	REGISTRATION NO.	_____	DATE OF ADMISSION	____ / ____ / _____

CENTER & COURSE DETAILS

CENTER CODE	_____	CENTER NAME	_____
COURSE NAME	_____	COURSE CODE	_____
SESSION / BATCH	_____	BATCH TIME	_____

1. PERSONAL DETAILS

Candidate's Full Name	_____	RECENT PASSPORT SIZE PHOTO
Father's / Guardian's Name	_____	
Mother's Name	_____	
Date of Birth	____ / ____ / _____ **Gender:** [ ] Male [ ] Female [ ] Other	
Religion (Optional)	_____ **Category:** [ ] General [ ] SC [ ] ST [ ] OBC [ ] Other	

2. CONTACT & ADDRESS DETAILS

Mobile No.	_____	WhatsApp No.	_____
Email ID	_____	Guardian Contact No.	_____
Present Address	_____	PIN	_____
District / City	_____	State	_____
Permanent Address	_____	PIN	_____

3. LAST / HIGHEST QUALIFICATION

Qualification	Board / University	School / College / Institute	Year	% / Grade
10th / SSC	_____	_____	_____	_____
12th / H.S.	_____	_____	_____	_____
Graduation	_____	_____	_____	_____
Other	_____	_____	_____	_____

4. COURSE & FEE DETAILS

Course Duration	_____	Total Course Fee (₹)	_____
Admission Fee (₹)	_____	Amount Paid (₹)	_____
Balance Fee (₹)	_____	Payment Mode	[ ] Cash [ ] UPI [ ] Bank [ ] Other
Receipt No.	_____	Session Start	____ / ____ / _____

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5. DOCUMENT CHECKLIST

[ ] Recent Passport Size Photograph	[ ] Aadhaar / Government ID Copy	[ ] Last Qualification Marksheet
[ ] Qualification Certificate	[ ] Category Certificate (if applicable)	[ ] Other: _____
[ ] Original Documents Verified	[ ] Photocopies Received	Verified By: _____

6. STUDENT DECLARATION

I hereby declare that all information provided in this Admission Form is true, complete and correct to the best of my knowledge. I have submitted the required documents and understand that any false or misleading information may affect my admission/registration. I agree to follow the academic, disciplinary and administrative rules applicable to my course and the JYCSM Authorized / Franchise Study Centre.

_____	_____	_____
Student Signature	**Parent / Guardian Signature**	**Center Director Signature & Seal**
Date: ____ / ____ / _____	Date: ____ / ____ / _____	Date: ____ / ____ / _____

7. FOR OFFICE / CENTER USE ONLY

Registration / Enrollment No.	_____	**Student ID / Roll No.**	_____
Batch / Timing	_____	**Admission Status**	[ ] Confirmed [ ] Pending [ ] Hold
Receipt No.	_____	**Registration Date**	____ / ____ / _____
Remarks	_____	**Office In-Charge**	_____

8. IMPORTANT RECORD

Student Name	_____	**Course**	_____
Center Code	_____	**Center Name**	_____

NOTE: Complete the form in BLOCK LETTERS where applicable. The Center should verify the student's documents and retain this form as part of the admission record.