



Shakuntala Nagar, Ramnagar-Mainpuri, Utter Pradesh-205304

Email: principal@ssdicramnagar.com www.ssdicramnagar.com

(Fill the form in the BLOCK CAPITAL LETTERS (English) using Blue/Black ink only.)

Session :

Semester :

[illegible]

1. Full Name of the applicant (as per certificate)

2. Father's Name (as per certificate)

3. **Mother's Name (as per certificate)**

4. Complete Address for Correspondence to (do not repeat name)

[illegible]

5. City/District

Pin Code

Course Name

[illegible]

6. State

E-mail ID

7. Category

Date of Birth

Sex

Courseware Medium

SC	ST	OBC	JU								
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M F

8. Paper Appearing in 1st-Semester/ 2nd-Semester

S.No.	First Semester Paper's Name	S.No.	Second Semester Paper's Name
1		1	
2		2	
3		3	
4		4	
5		5	

For use at study Centre regarding DD of consolidated sum

study Centre	Code No.	D.D. No. with Bank Name	D.D. Date	D.D. Amount
<p>The serial number of the candidate from the list of study centre attached with D.D., be mantioned in this block.</p>				<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 100px; height: 40px;"></div> <div style="border: 1px solid black; width: 100px; height: 40px;"></div> </div>

Date :

**Signature of
Candidate.....**

DECLARATION

(To be filled in by the candidate)

I wish to appear in the
class/course _____ examination
of _____ month, Year _____ of the AICCE. I have been carefully go through the rules
and
regulation, and I promise to abide by them. I assure you that I have filled all the information in the
form true to
the best of my knowledge and belief. I shall be responsible for the consequences if the information
filled by me
is incorrect. I know that hereafter no changes shall be made in the subects and place of
examination.

Place : _____

Date : _____

Candidate's Signature

Name : _____

ATTESTATION

(To be filled in by the Head of the Study Centre)

This is to certify that Shri/Ku./Smt. _____ Son/Daughter
of _____

is a student registered from our centre. The registration fee of Rs. _____ has been
paid to the Head

office on date _____ by DD No. _____ I have personally verified the eligibility
from the

original documents. The photo pasted on the form depicts his/her current appearance correctly.
The examination

fee Rs. _____ is being paid by DD No. _____ alongwith the form. I have
personally checked

the entries and guided the candidate for filling complete information in the columns on the form. I
attest that all
the entries are correct.

Affix seal/Stamp of Name
address and Study Centre Code

Signature of Head of the Study Centre

Place : _____

SEAL

Name

Phone No. with STD Code.....

Date : _____