



ADMISSION FORM



ZOOM CONNECT SERVICES ASSAM (P) LTD

Regd. Office: Dispur, Guwahati -06



For office use only

Please affix Recent passport Size photograph	CSC CENTRE : _____ DIST.: _____
	VLE NAME : _____
	COURSE : _____
	REGISTRATION NO.: _____
	DATE : _____

PERSONAL	Name (Mr./Miss/Mrs.) : _____
	Present address : _____ _____ Res/Off. Tel No.: _____
	E-Mail id : _____
	Permanent address : _____ _____ Res. Tel No.: _____
	Place of birth : _____ State : _____ Date of Birth : _____
	Marital Status : Unmarried/Married : _____

EDUCATION	Qualification	Period		School/College Institute	Board/ University	Year of Passing	Division % Marks	Major Subject
		From	To					
	H.S.L.C							
	H.S							
	Graduation Degree BA/B.Sc./B.Com.							
	Post Graduate Degree MA/M.Sc./M.Com.							
	Any other qualification Cer./Dip./Degree							

I hereby declare that the information provided by me is true.

Date:

Signature of the Candidate

N.B.: STUDENTS SHOULD ENCLOSE THEIR XEROX COPY OF EDUCATIONAL DOCUMENTS WITH THIS FORM.