



COURSE

- CERTIFICATE
 DIPLOMA
 PG DIPLOMA

BATCH SCHEDULE

- MON-WED-FRI
TUE-THU-SAT
SAT-SUN
SAT
SUN

**ADMISSION FORM
COMPUTER COURSES**

**Under Telecommunication Consultants India Limited - IT (TCIL-IT)
(Ministry of HRD, Govt. of India)**

COURSE NAME :

Course Duration

Name of Candidate :

Address of Communication :

 Pin

Contact No : Phone
Mob:
Male Female

Age & Date of Birth :

Educational Qualification :

Employment :

CLASS TIME	<input type="checkbox"/> 9AM - 10.30 AM	<input type="checkbox"/> 10.30 AM - 12 PM	<input type="checkbox"/> 12 PM - 1.30 PM	<input type="checkbox"/> 2.00 PM - 3.30PM	<input type="checkbox"/> 3.30 PM - 5.00 PM
CLASS TIME - SUNDAY	<input type="checkbox"/> 9AM - 10.30 AM	<input type="checkbox"/> 10.30 AM - 12 PM	<input type="checkbox"/> 12 PM - 1.30 PM	<input type="checkbox"/> 1.30 PM - 3.00PM	<input type="checkbox"/> 3.00 PM - 4.30 PM

DECLARATION OF STUDENT / PARENT

I hereby declare that, I am enrolling myself for the correspondence course of distance education. I have gone through the brochure and website of this course and I have fully understood it. I agree and accept the terms and conditions said in the brochure and website. I also agree that it is my personal responsibility to study the course and to pass the examination.

All disputes and claims will be resolved by way of Arbitration according to the Arbitration and Conciliation Act, 1996 and the Jurisdiction will be in Ernakulam district. If the applicant violates any of the terms of the rules and regulations of the course he / she is likely to be terminated and no part of the fee collected would be refunded. The institution will not be liable for any failure due to act of God, act of Government or Statutory undertaking or anything beyond the institution's control, nor we would be liable for any incidental or consequential loss or damage arising out of this.

Signature of Student _____ Date
Signature of Parent _____ Place