



HEAD OFFICE: Near Badi, Kaman, JM Road, Bijapur-01 MOB.: 9740302221, 9742312212 www.kme.org.in Email: feedback@kme.org.in

APPLICATION FORM FOR FREE COMPUTER NETWORK TRAINING PROGRAM

*Note this Training Program is only for those who passed in Computer Hardware training in our Institutions Please make all entries in BLOCK LETTERS

ΡΗΟΤΟ

First Name	Middle	e Name	Last Name			
Date of Birth	Gender:	Male□	Female□	Marital Status:	Single□	Married□
Postal Address						
Communication Address						
Phone No. (R)	Phone N	o. (O)		Mobile No		
Academic Qualification(s):						
Qualification	Name College /	School	Year Of Pas	sing	Average of I	Marks (%)
Existing Regd. No.:	L		Previous Cer	tificate Issued or	n: /	/ 20
						/ ==
Batch Session:	Percenta	age of Mark	s:	Result	:	
ncome Certificate No.: BPL Ration Card No.:						
Aadhar No.:	Number dependent:					
Declaration:						
I hereby declare that the information provided by me is true and subject to verification. I also hereby						
acknowledge that I have read and understood the rules and regulations & I have been completed my						
course with satisfactory and I request to appear course examination.						
Date Candidate Signatures:						
FOR OFFICE USE ONLY						
Marks Obtain:	Batch Date		& Time			
Remarks (If any):				I	ncharge Nam	ne & Signature