

Center Code

Form No

Name of ITGK

Application Form for Admission to -

- Rajasthan State Certificate course in Financial Accounting (RS-CFA)
- Rajasthan State Certificate course in English Language (RS-CEL)
- Rajasthan State Certificate course in Retail Management (RS-CRM)
- Rajasthan State Certificate course in Banking, Financial Services & Insurance (RS-CBFSI)

Note: Please fill in the form using BLACK INK in Block letters.

Name of the applicant as it should appear on the certificate/ as it appears on SSC certificate:

Name Father's Name:

Date of Birth: Age: Gender: Male / Female

Mother Tongue: Marital Status: Married / Unmarried

Address for Correspondence

Address:
 City/Town/ Village: Tehsil :
 District: State: Pin:

Permamnent Address

Address:
 City/Town/ Village: Tehsil :
 District: State: Pin:

Telephone No.(Residence): Office:

Email ID: Mobile No.

Category:

- College Studen School Stude
- Govt. Employ Professional
- Housewife Senior Citizen
- Others (Specify)

Photograph

Are you Physically Challenged ? Yes/ No
 (If Yes, please attach the certificate giving details of disability) (Please sign in Black Ink only in the above box)

Attached herewith the true copy of my PAN card/ Voter's ID/ Driving License /Passport/ Govt. ID Card/ College or School ID Card as proof of my identity. I hereby solemnly affirm that my name, Photograph & Signature on this application form match with the copy of the proof of my identity attached herewith by me, I undertake to carry this proof in person at the time of appearing for course examination.

Signature of Applicant

For Center's Use Only

Name of the Center:		Center Code:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Course Name</th> <th>Amount (Rs.)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> RS-CFA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> RS-CEL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> RS-CRM</td> <td></td> </tr> <tr> <td><input type="checkbox"/> RS-CBFSI</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </tbody> </table>	Course Name	Amount (Rs.)	<input type="checkbox"/> RS-CFA		<input type="checkbox"/> RS-CEL		<input type="checkbox"/> RS-CRM		<input type="checkbox"/> RS-CBFSI		Total		Receipt No : <input type="text"/> For Rs. <input type="text"/> Batch Commencement: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date Month Year	After careful verification, I hereby confirm that name, photograph & signature of the application on this application form match with those on the original proof of identity produced for verification and its true copy attaches herewith by the applicant and I have countersigned the same.	
Course Name	Amount (Rs.)														
<input type="checkbox"/> RS-CFA															
<input type="checkbox"/> RS-CEL															
<input type="checkbox"/> RS-CRM															
<input type="checkbox"/> RS-CBFSI															
Total															
Name of Center Coordinator	Seal of Center	Signature of Coordinator													