



# Application Form for ICT Basic -CCTNS Examination

Center Code

Center Name

For IT-GK use only

Name of the Applicant as it appears on SSC Certificate

Name  Father's/Husband Name

Date of Birth:       Age :   Police Belt No.   
Date Month Years

Gender : Male  / Female  Mother Tongue:  Marital Status: Married / Single

Qualification :

Address for Correspondence

Address   
City / Town / Village  Tahsil   
District  State  Pin

Permanent Address (Please enter only if it is not same as above )

Address   
City / Town / Village  Tahsil   
District  State  Pin

Telephone No. (Residence)          
Area code Telephone Number Mobile No

E-mail ID :  GPF NO

Designation of Employee

ICT Basic - CCTNS Commencement Date :

ICT Basic -CCTNS Training Mode : English  Hindi

Please see attached herewith the true copy of my Pan Card / Voter's card /Driving License / Passport /Government ID Card /College or School ID Card as proof of my identity . I hereby solemnly affirm that my name , photograph and 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 appearing for CCTNS examination (Applicant should countersign the copy of the proof of identity , attached herewith by him /her)

Please Sign in Black ink only in the above box  
Signature of Applicant

Please affix a clear passport size photograph of the applicant (Front Facing )

For Center's Use Only  
After careful verification , I hereby confirm that name ,photograph and signature of the applicant on this application form match with those on the original proof of the identity produced for verification and its true copy attaches herewith by the applicant and i have countersigned the same  
Seal of Center Signature of Center coordinator