



INSTITUTE OF COMPUTER ACCOUNTING & TAXATION

Accounts / Finance / Taxation, Training

Sco-282/R, Model Town, Near Maharana Pratap Chowk, Rewari (HR.)

E-mail: icatreari@gmail.com | Web: icatinstitute.in

ADMISSION FORM

Joining Details:

Application No.

Date of Joining

Regd. No

Roll No.

Personal Details:

Name of Students	<input type="text"/>	Date of Birth	<input type="text"/>
Father's Name	<input type="text"/>	Qualification	<input type="text"/>
Mother's Name	<input type="text"/>	Applicants Mobile No	<input type="text"/>
Aadhar Card No.	<input type="text"/>	Email	<input type="text"/>
Guardian' Contact	<input type="text"/>	Others	<input type="text"/>
Father's Profession	<input type="text"/>		
Present Address	<input type="text"/>		
Permanent Address	<input type="text"/>		
City	<input type="text"/>	Pin Code	<input type="text"/>
Nationality	<input type="text"/>	Sex.	M <input type="checkbox"/> F <input type="checkbox"/>

Educational Details:

Level	School/College	Board/University	Div./Class	% of Marks
10th				
12th				
Graduation				
Other				

Xerox copies each of the original Admit-Cards, Aadhar Card, Mark-Sheet and Certificate should be submitted, alongwith 3 copies of passport size photos.

Course:-

CAT PRO Plus CAT PRO CAT Income Tax GST Payroll
 SAP Tally Busy CMS Computer Basic

Declaration:

I do hereby declare that all above information's is true to the best of my knowledge. I have read the rules and regulations mentioned in this propectus carefull and agree to abide by.

Place _____

Applicant's Signature

Guardian's Signature

FOR OFFICE USE ONLY

Student Code: Course: Starting Date:
 Batch Time: Joining Date: Course Fees:

Director Signature