ITees आइटीज़
COMPUTER EDUCATION

A Unit of Seth Laxmi Narayan Educational Society

Examination Form

Name of Candidate:-_____

Father's Name:-_____

Reg. No. :-_____

Course for which exam to be held:-_____

Study Center:-_____

Teacher's Name:-_____

Provide of course study:-   from :-_____   _____To:-

Receipt no. of exam fees:-_____

It previously attempt for same exam then give the following details:-

Number of previous attempts:-_____

Date of last attempt:-_____

Result of last attempt:-_____

Reason of Re attempt:-_____

Date :-_____

Signature of Candidate

Sig...............

To be filled by office staff only

Name of Candidate:-   _____

Reg. No. :-   _____

Date of Exam:-   _____

Exam Center:-   _____

Timing of Exam:-   _____

Receipt no. of Exam fees:_____

Remark:-

Sig..............

Signature of Teacher