

Coordinator Form

Institute of Computer Literacy and Training

An Autonomous Institution Reg. Under Indian Public Trust Act. 1882 - Govt of West Bengal.
Vide Reg. No. IV - 130100031/2023 & Reg. Under MSME Govt of India
An ISO 9001:2015 Certified Organization

Candidate Details

State Coordinator

District Coordinator

*Please fill the all mandatory fields in the form, Please read carefully before fill the form

*Applicant Name.....

*Gurdain Name.....

*Date of Birth:.....Age.....

*Gender:.....*Nationality.....

*Religion.....Cast.....

*Email.....*Mobile No.....

*Vill/Word.....*PIN.....

*P.O.....*P.S.....

*District.....*State.....

Payment Details

Joining Date.....

Registration Fee.....Payment Mode.....

Deposit Bank.....Branch.....

Transaction/UTR No.....

Documents Check List:

Payment Date.....

- ID Proof
- Address proof
- Self Image
- Centre Photo(Optional)

I hereby declare that the above information is true, complete and correct to the best of my knowledge if any information being found false or incorrect at any stage,my application shall be liable to cancellation without any notice.

Authorized Signature

Candidate Signature