

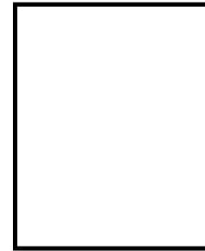


National Digital Literacy Mission

STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY: DATE LOGIN ____/____/____

USER ID _____



APPLICANT NAME : _____

MOTHER NAME : _____

FATHER NAME : _____

DATE OF BIRTH : _____ GENDER : _____

MOBILE NO. : _____ CAST : _____ RELIGION : _____

ADDRESS : _____

TEHSIL : _____ DISTRICT : _____ PIN CODE : _____

EMAIL ID : _____ AADHAR NO. : _____

QUALIFICATION : _____ OCCUPATION : _____

FAMILY DETAILS :

NAME	GENDER	AGE	RELATION	AADHAR NO.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

ATTACH ID TYPE: AADHAR CARD RATION CARD VOTER ID

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SIGNATURE