

Zippy Typing Training Institute

An Authorised Training Institute of Dream India Foundation, Under The Trust Act 1882. Govt. of India

Application Cum Registration	Application Fee (in Rs.)	Other Fee, any (in Rs		Total Fee (in Rs.)	
. Name of the Affiliated In	To be filled b	y the Candidate			
. Name of the Candida	te in full (Block Letters) :	raining		 	
First Name					Τ
Last Name		P(Pa)			Т
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. Father Straine .(Even in	arried woman also should enter	only radier 3 Name N			Т
. Mother's Name :					
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Date of Pivth, D. D.		G Adhar Na			
Date of Birth: D D	INI INI TI IGITI	6. Adhar No.			
Sex: Male Fen	nale 8. Marita	al Status: Married	Unmarried]	
. Community: Genera	OBC SC	ST Mi	nority		
0. Nationality :			Mother Tongue :		
): Rs			1	
4. Differently abled : V	sual Impaired Deaf/ De	af & Dumb P.H.	Other		
0	ther (Please Specify)				
5. Educational Qualificati	on:				
S.No. Name of Exa	mination Board/Institute	University Year	Total Marks	Obtained M	arl
1					
2					
3					
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17. Postal Address: Present	Permanent
18. Mobile No:	19. E-mail ID
DECI	_ARATION
	rmation furnished by me in this application form are true
	enclousure is found fraudulent, I may lible for any action
by Managing Director, ZTTI besides cancelling my admiss	sion/performance in the examination at any stage. I have
carefully gone through the prospectus booklet and webs	ite of ZTTI and have become fully conversant with the
eligibility and certificate validation condition to be satisfi	ied for appearing at ZTTI Certificate exams and I
further declare that I have sufficient knowledge and I am	n capable of studying Certificate Courses
प्रवश फाम भरन	ने के नियम व निर्देश
 सभी विद्यार्थी प्रवेश फार्म स्वयं साफ- साफ एवं पूर्ण रुप से भरें एवं सभी वि 	्रीयार्थी अपने सभी शैक्षणिक प्रमाण <mark> पत्रों की</mark> स्वप्रमाणित छायाप्रति
संलग्न अवश्य करें अन्यथा उनका प्र <mark>वेश फार्म स</mark> ्वीकार नहीं किया <mark>जा</mark> एगा ।	
 सभी विद्यार्थी प्रवेश फार्म में अपनी नवीनतम फोटो ही चिपकाएं उसे पिन से 	न लगाएं ।
 सभी विद्यार्थी प्रवेश फार्म के साथ अपनी प्रवेश फीस के साथ एक माह की \$ 	शैक्षिक फी <mark>स भी अवश्य जमा करें ।</mark>
 परीक्षा के समय सभी विद्यार्थी प्रवेश पत्र या सूची में अपना नाम माता एवं ि 	
परीक्षा केन्द्र प्रभारी को अवश्य संज्ञान में लाएं । अन्यथा प्रमाण पत्र जारी हो	
	e 20
Date:	
Signature of the Candidate/Applicant	Seal & Signature of the Institute/Center