



Application Form

Form No: _____

Please fill in the form in English and CAPITAL letters only.
All fields marked with * are MANDATORY. Tick the appropriate bracket.

Date:

To be filled in by the Applicant only

OS-CIT*

Odisha State - Certificate in Information Technology

NSQF QP Level - 3

OS-CIT 'A'

Certificate Course of OS-CIT

NSQF QP Level - 4

OS-CIT 'A+'*

Diploma Course of OS-CIT 'A+'

NSQF QP Level - 5

OS-CIT 'A+'*

Career Oriented Courses

NSQF QP Level - 4/5



First Name* :

Middle Name:

Last Name/ Surname* :

Name of the applicant as it should appear on the Fee Receipt, Hall Ticket and Final Certificate.*



Date of Birth* :

D D M M Y Y Y Y



Marital Status* :
Single Married



Mobile No. (Own)* :
+91

Mobile No. (Other)* :
+91



Gender* : Male Female Transgender

Aadhaar Number :

E-Mail :



Address for Correspondence:

House No/ Building No* :

City/Village/Suburb* :

District* :

Street/Colony* :

Tehsil/Block* :

Pin Code* :



Educational Qualification* : (What do you do?)

Student: 1st- 4th Std. 5th Std. 6th Std. 7th Std. 8th Std. 9th Std. 10th Std.

11th Std. 12th Std. Diploma FY to TY Graduate Post Graduate Other



Current Profile of Applicant* : (You may tick multiple options)

School Student Collegian Teacher Employee Self-Employed Housewife

Unemployed Retired Farmer Govt. / Semi Govt. Employee Industrial Worker

Building Construction Worker Applicant of Competitive Exams (such as OPSC / UPSC...)

Senior Citizen Trader Other



Are you Physically Challenged? * : No Yes Nature of Disability:



Proof of Identity (Photocopy)* : School/College ID Voter ID Passport License Aadhaar Card

Declaration by Applicant : I hereby solemnly affirm that my name, photograph and signature on this application form matches with the copy of "proof of identity" attached herewith by me. I undertake to carry this proof in person at the time of appearing for final online examination. I have read and understood the information about course and instructions given on www.okcl.org and I will abide by them.

Signature of Applicant*

To be filled by the Authorized Learning Center (ALC) only

Selected Course* :

Medium for Book* :

Batch* : Month/Year (MM/YYYY)

Number of Fee Installments* :
Single
Two Installments

ALC Code* :

ALC Signature and Seal