

**SHREE VISHA DISHAVAL MITRA MANDAL**  
214-215, Accord Classic, Station Road, Goregaon (E)  
Mumbai – 400 063

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Website: [www.svdm.org](http://www.svdm.org)

**RAJIV JAGDISH SHAH-BALISANA INFORMATION TECHNOLOGY DIGITAL AWARENESS SCHEME**

REF.NO. \_\_\_\_\_ Branch opted for attending the Course: \_\_\_\_\_

Please affix your  
recent passport  
size photograph  
& sign across it.  
(Do not staple)

1. Name of the Member : \_\_\_\_\_

2. Parent's / Spouse Name: \_\_\_\_\_

3. a. Gender:  Male  Female    b. Marital status:  Single  Married

c. Date of birth: \_\_\_\_\_ (dd/mm/yyyy)

4. Native Place: \_\_\_\_\_ Sthanik: \_\_\_\_\_ Family No. in Vasti Patrak: \_\_\_\_\_

5. a. PAN: \_\_\_\_\_

b. Unique Identification Number (UID)/ Aadhaar, if any: \_\_\_\_\_

6. Annual Income (Attach latest Copy of IT Return): Rs. \_\_\_\_\_

In Words \_\_\_\_\_

(In case of Non-working family member give details of Head of the Family)

7. Education: \_\_\_\_\_

8. Objective to take up this Course: \_\_\_\_\_

\_\_\_\_\_

**B. ADDRESS DETAILS**

1. Permanent Address \_\_\_\_\_

\_\_\_\_\_

City/Town/Village: \_\_\_\_\_ Pin Code: \_\_\_\_\_ State: \_\_\_\_\_

2. Contact Details (with STD): Tel. (Off.) \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email id: \_\_\_\_\_

**DECLARATION:**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately.

I also undertake that after successful completion of the course, I will submit a copy of the **COMPLETION CERTIFICATE** to the Mandal Office.

\_\_\_\_\_  
Signature of the applicant

Date:- \_\_\_\_\_  
(dd/mm/yyyy)

**FOR OFFICE USE ONLY**

The Application of Mr./Mrs. \_\_\_\_\_ having Ref. No. \_\_\_\_\_ is approved in the Special Committee's (of Shree Visha Dishaval Mitra Mandal) Meeting held on \_\_\_\_\_ .

This copy may be produced to the Authorities of **Maharashtra Knowledge Corporation Ltd.** for availing the facility of learning MS\_CIT course as per the terms entered with the Institute.

\_\_\_\_\_  
Signature of the Authorized Signatory

\_\_\_\_\_  
Signature of the Authorized Signatory/Donor

Date: - \_\_\_\_\_

Date: \_\_\_\_\_