

भारत सरकार का उपक्रम

CYBER EXCELLENCE DIVISION

To Enhance Professional Skills For Cyber Security

SPECIAL PROGRAMME REGISTRATION FORM

• USE CAPITAL LETTER ONLY

NAME OF COURSE APPLIED FOR

CERTIFICATE IN CYBER SECURITY
COMPLIANCE & ETIQUETTES

COURSE CODE NO.

MPCDE401S

AFFIX
PHOTO
HERE
SIGN IN
BELOW BOX



1. DEPARTMENT / ORGANIZATION DETAILS

1. NAME OF DEPARTMENT / ORGANIZATION

2. CATEGORY : GOVT. PVT. LTD. LLP PARTNERSHIP OTHER

3. ADDRESS OF CORRESPONDENCE (OFFICE ADDRESS)

CITY		DISTRICT	
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PINCODE		STATE	
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4. DEPARTMENT WEBSITE

2. CANDIDATE DETAILS

1. FULL NAME OF CANDIDATE

2. GENDER MALE FEMALE

3. DESIGNATION

4. MOBILE NO.

5. E-MAIL ID

6. IDENTITY CARD NO.

(CARD ISSUED BY DEPARTMENT/ AADHAR CARD/PAN CARD/ VOTER ID)

• DECLARATION •

I _____ S/O _____ hereby declare that all the statements made by me in the application form and information sheet are true and complete to the best of my knowledge and belief and nothing has been concealed or suppressed. I also understand that in case, any of my statements is found untrue during any stage of recruitment and thereafter, I shall be disqualified for the post applied for and I shall be liable for any penal action.

DATE ___/___/___

PLACE _____

SIGNATURE OF THE CANDIDATE

NAME _____