



## ENROLLMENT FORM

Name of the school					
Location of the school	Rural Urban Semi Urban				
District					
Type of the school Govt. Aid	ed Unaided Nature of the school Boys Girls Co-Ed				
School level	Primary Secondary Higher Secondary				
Medium of Instruction					
Name of the Board	State Board CBSE ICSE International				
Address for communication					
Phone / Mobile number of the school					
email	web				
Name of the Principal / Head of the school					
Mobile number	email				
Does your school have a computer La	b ? If yes				
No. of Computers available for the us	e				

## **Details of teaching staff for SUITS Programme**

S.No	Name	Educational Qualifications	Email	Mobile No.
1				
2				
3				
4	_			
5				

## **Details of Students enrolled**

S.No	. Programme [A]	Std.	No. of Boys	No. of Girls	Total
1	Certificate in Computing Skills	V			
2	Certificate in Office Automation	VI			
3	Certificate in Programming Skills	VII			
4	Certificate in Programming with C	VIII			
5	Certificate in Python Programming	IX			
	Grant Total				

S.No	. Programme [B]	Std.	No. of Boys	No. of Girls	Total
1	Certificate in Graphic Design	VII			
2	Certificate in Web Design	VIII			
3	Certificate in Mobile App & Web Development				
	Grant Total				

I hereby declare that all the particulars given above are correct and I agree to abide by the rules and regulations of the IECD, Bharathidasan University for the implementation of SUITS.

Date : Place :	Signature of the Correspondent /
i idoc .	Principal / Head with Seal

Official Use				
Whether the centre is approved : Yes / No	Tie-up organisation :			
Verified by	Co-ordinator	Director		