AAKAASH CSC
CUSTOMER SERVICE CENTER

PHOTO

PARAMEDICAL DEGREE COURSES

LOGIN ID ---------- PASSWORD – **Aakaash@123**

NAME ----------DATE OF BIRTH----------/----------/----------

GENDER ☐ MALE ☐ FEMALE FATHER NAME----------

MOTHER NAME---------- RELIGION ☐ HINDU ☐ MUSLIM ☐ CHRISTIAN

COMMUNITY ☐ BC ☐ MBC / DNC ☐ SC ☐ ST ☐ OC ☐ SCA SUBCASTE ----------

AADHAAR CARD----------/----------/----------HSC ROLL NO----------GROUP CODE----------

MOBILE NO----------MAIL ID----------@gmail.com

ADDRESS:- D/NO----------STREET----------VILLAGE----------

POST----------TALUCK----------DISTRICT----------

CLASS	YEAR OF PASSING	SCHOOL NAME ADDRESS	DISTRICT	STATE
VI				
VII				
VIII				
IX				
X				
XI				
XII				

SIGNATURE

12TH MARK DETAILS

SUBJECT	REGISTER NO	MONTH	YEAR	MAXIMUM MARKS	OBTAINED MARKS
EX:-Physics					
Chemistry					
Biology					
Maths					

UPLOADING DOCUMENTS

1. PHOTO
2. AADHAAR CARD
3. 10TH 12TH MARK SHEET & ANY QULAFICATION CERTIFICATE
4. COMMUNITY CERTIFICATE
5. SIGNATURE