

## CCC+ TRAINING/EXAMINATION REGISTRATION FORM

FOR EMPLOYEES OF STATE GOVERNMENT

Passport Size  
Photograph  
Certified by  
Head of  
Department/  
Office

1.	Name	
2.	Designation	
3.	Class – I/II/III	
4.	Pay Scale	
5.	Name of Institute/Office. (Please write full name)	
6.	Office Address & Phone No.	
7.	Mobile no. of The Officer	
8.	Address of The Head of Department	
9.	Administrative Department of Sachivalaya	
10.	(a) Examination Fee (b) Mode of Payment of Fee	
11.	Date of Continuous Officiating in the Present Post( in case of promotion )	
12.	Probable Date of Completion of Probation Period	
13.	Whether the Priority for Training/Examination is Required	
14.	Permanent Residential Address, Phone No	
Date :		
Place :		Candidate Signature

### CERTIFICATE

Thereafter, it is certified that the above details are checked from the records and found to be correct.

Signature of the Head of the  
Department / Office & Seal

#### Note:-

- Failed Candidates must produce a copy of earlier result or related notification number-date along with application form for taking re-examination
- Candidates other than belonging to Ahmedabad will have to draw the Demand Draft in the name of "Deputy Director(Accounts), SPIPA"