



KB Management Service

CSC REGISTRATION FORM

CSC NAME	
NAME OF PERSON	
Aadhaar Number	
Pan Card Number	
Mobile No.	
Email Id	
Address Of The Applicant	
Gender	<input type="radio"/> Male <input type="radio"/> Female
State	
District	
CITY/VILLAGAE NAME	
Ward No.	
Pin Code	
Block	
Village Name	
Type Of Area	<input type="radio"/> Rural <input type="radio"/> Urban
CSC Address,Shop, Galli, Mohala, Ward No	
Is CSC Located Inside A Grampanchayat Location	<input type="radio"/> Yes <input type="radio"/> No
Post Office	
Connectivity Type	<input type="radio"/> Broadband <input type="radio"/> Dongle <input type="radio"/> Dish
Latitude	
Longitude	
Bank Name	
IFS Code	
Bank Applicant Name	
Account Number	
Power Backup	<input type="radio"/> Inventor <input type="radio"/> Generator

Number Of Computers	
Aadhaar Card	Attach Documents
Pan Card	Attach Documents
10th Certification	Attach Documents
Cancelled Cheque	Attach Documents
Two Indoor Photo With Geo Latitude Location	Attach Documents
Two Out Door Photo With Geo Longitude	Attach Documents