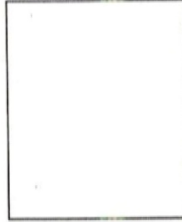


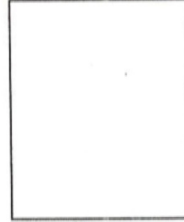
Examination Form



Photo



Left Hand Thumb



Signature

Exam Center First Choice

Second Choice

1. Name : _____
2. Father's Name: _____
3. Mother's Name : _____
4. Permanent Address : _____

5. City: _____ Pin Code : _____ State : _____
6. Date of Birth : _____ 7. Sex : Male Female
8. Qualification : (Darken the appropriate box)
 Below 10th 10th Pass 10+2 10th + ITI Polytechnic Diploma Graduate/Higher
Year of Passing - _____
9. Occupation (Darken the appropriate box)
 Govt. Employed Govt. Undertaking Self Employed Housewife Student
10. Category (Darken the appropriate box)
 General Scheduled Caste Scheduled Tribe O.B.C. Handicapped Other
11. Phone/Mobile _____ e-Mail ID : _____

Student's Signature

Institute Details

1. Institute Name : _____
2. Institute Address : _____

Place :

Date :



Signature of Center Head