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21. Educational Qualifications

Examination	Board / University	Name of Institute/College	Subjects	Max Marks	Max Obtained	%	Division
High School							
Intermediate							
Others							
Others							

DECLARATION BY THE CANDIDATE

I hereby declare that all the information given by me in this application form are true & correct to the best of my knowledge & belief.

Date:

Place:

.....
Signature of Guardian.....
Signature of Applicant.....
Name of Guardian**OFFICE USE**

Received with thanks a sum of Rs. vide Receipt No. Dated

Form No. for Course

Shri./Smt./Km. Telephone / Mobile No.

Date:

Signature of Receiving Official