

Format to be filled up by eligible candidates appearing for Walk-in- Test

	Name of the training			
1.	Name:			
2.	Father/Guardian Name:			
3.	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Transgender <input type="checkbox"/>
4.	Date of Birth: (DD/MM/YY)			
5.	Marital status:			
6.	Religion:			
7.	Category(SC/ST):			
8.	Nationality:			
9.	ID proof:			
10	Phone no.:			
	Alternate no.:			
11.	Email id:			
12.	Address for communication:			
13.	Permanent Address:			
14.	Educational Qualification(Copies may be enclosed as attachment):			
	Exam	Specialization/Subject	University/ Institute	Year of passing
				Percentage/ GPA
15.	Details of experience(if any) (copies may be enclosed as attachment):			
16.	Any other relevant information:			

Declaration:

I hereby declare that the information furnished above are true, complete and correct to the best of my knowledge and belief. I am in possession of the documents in proof of the claim made in this application.

Date:
Place:

Signature :
(NAME)