## 

. Name:							
. Father's Name:							Phot
Date of Birth:							
. Male/Female	:					L	
					_		
. Nationality:							
. Mailing Add	ress (with Tel./Mo	b. No. and e	mail a	address)			
. Permanent A	ddress:				_		
. Educational o	qualification:						
Sl. No.	Course	Course Subject		Universities/ Institute	Year of Passing	Division/ Class	
0. Work Expension		Per	iod	Nature of	Work	Remarks	$\neg$
51. 1 (6.	Institute	From	to	Tratare or	W OIK	Remarks	
<ol> <li>Whether SC</li> <li>Reference</li> <li>(i) (ii)</li> </ol>							
							ature)
					Mobile 1	Date: No:	
				e	e-mail address:		