		o be filled with subject as " Applicatio	on for Selection of Train	1ee	
Analy	st	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1.	Name	::			
2.	Fathe	er/Guardian Name:			
3.	Gend	er:	Male Female	Transgender	
4.	Date	of Birth:(DD/MM/YY)			
5.	Marit	al status:			
6.	Religi	on:			
7.	Category(SC/ST):				
8.	Nationality:				
9.	ID pr	oof:			
10.	Phon	e no.:			
	Alteri	nate no.:			
11.	Email id:				
12.	Address for communication:				
13.	Down	anent Address:			
13.	Perm	allent Address.			
14.	Educ	ational Qualification(Copies may be	enclosed as attachment):		
E	xam	Subject	University/ Institute	Year of passing	Percentage/ GPA
15.	Detai	ls of experience(if any)(copies may			
10.		closed as attachment):			
16.	Any other relevant information:				
	1				
			<u>Declaration</u>		
		clare that the information furnished			of my knowledge
na b ate:	CHEL.	am in possession of the documents	in proof of the claim made in this application. (Signature)		
lace:			(Name)		