FORMAT OF APPLICATION

		<u></u>	Sho	ort Term Ce	rtificate Course	e in "		
1.	Name	e of Applican	ut	:				
2.	Fathe	r's/Husband	's Name	:				
<i>3</i> .	(a) Date of Birth							
	(b) Age (as on closing date)			:				
<i>4</i> .	Category			: General / SC / ST / OBC / PH/ Other				
<i>5</i> .	Tel. No. & email ID (mandatory):							
6.	Posta	l Address		:				
<i>7</i> .	Permanent Address :							
8.	Detai	ls of Indian I	Postal Ord	er/Demand	Draft:			
9.	A cad	emic Qualifi	cation (En	close self a	ttested copies o	f mark list	:/certificates	·)
Exam passed		Name of Board/ University	Subject			Y ear of passing	Division	Percentage of Marks
Date: In case	(a)Na	onsored appl ume & addres epartment wh st held at pre	ss of the here emplo	oyed: :			Signature	of candidate

Signature and Seal of the Sponsoring authority Fax/ Telephone No.