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Udakhali Bazar, Heria, East Medinipur-721430

	Course Applied Fo	or Session	on 20 – 2	0	Applicati	on No _	
1.	Name of Applican	t					
2.	Date of Birth					_	Please affix a recent
3.	Father's Name	·				_	passport size
4.	Mother's Name					_	photograph here
5.	Permanent Addre	ss			41	_ [
						_	
	Pin	Tel No	un'	Mobile No		_	
6.	Postal Address		OF WE	Will.		_	
			X		2		
	Pin	Tel No		Mobile No			
7.	*	Nationality					
10.	. Choice of Seat Cat	egory GEN <mark>/S</mark> T/SC/OBC	/NRI/Manag	ement			
11.	Tick Whether SC/ST	Γ/OBC/GEN <mark>(At</mark> tested 0	Certificate is	Required)			
12	5 L						
IZ.		sation (Submit Attacto	d Varay Can	for Varification			
	Educational Qualific	cation (Submit Atteste	d Xerox Copy	/ for Verification)			
	ame of	Board/University	d Xerox Copy	y for Verification) Roll No	Subject	Div./	Percentage
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Ex Hig Int	ame of camination gh school termediate 10+2 my Other		Year		Subject	Div./	Percentage
Ex High	ame of camination gh school termediate 10+2 my Other	Board/University	Year ant)		Subject	Div./	Percentage
Ex Hip Int An 13.	ame of camination gh school termediate 10+2 my Other Two Reference (No Name	Board/University	Year ant)	Roll No	Subject	Div./	Percentage

(2). Name	
Address	_
Tel	
14. Family Background	
(A) Business (specific)	
(B) Service (specific with Name & Address/Designation)	
(C) Any other	
15. Annual Income of Father/Guardian the parents/guardian of have	
Signature of parents/guardian Signature of studer	nt
Date Place	
*T&C: - Fees once paid will not be refunded.	