APPLICATION FORM

SHORT TERM CERTIFICATE COURSE IN "RECORDS MANANGEMENT"

| Name of Applicant (In block letter) Father's/Mother's/Husband's/Spouse Date of Birth Age on last date of submission of Applications Category Gender Local / Postal Address Tel. No. / E-mail ID if any | | | and's/Spouse I ission of | : | General 🛙 SC | C 2 ST 2 PH 2 OBC F | |
|--|------------|-----------------|-----------------------------|-----|--------------|----------------------------------|-----------------------------|
| 8. | Permane | ent Address | | :[| | | |
| 9. Name & address of the Sponsoring Department, if employed. | | | | : [| | | |
| 10.Post held at present if any:11. Qualification) ::(a) Academic qualification: | | | | | | | |
| Examination Passed | | Subject | Year of passing | | Marks | Percentage/Grade Of Marks | Name of Board/University |
| Tusseu | | | | | | | bourdy oniversity |
| (b) Professional qualification : | | | | | | | |
| Examin Passed | | Subject | Year of passing | | Marks | Percentage/Grad e Of Marks | Name of Institution |
| | | | | | | | |
| 12. Upl | load quali | fication docume | nt | | | | |

13. Upload sponsorship letter if employed

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14. Upload Photo

15. Upload Signature

16. E- Payment

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