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CO	URSE APPLIED FOR												=			F		ogr	_			
		2.																aste ere.				
1.	Name of the Candida	ate in Full	l (Block Letters)											,			- 11	010.				
	First Name		Middle Name Last Name																			
2.	Name of Father in Fu	ıll (Block	(Letters)											1						_		
3.	Permanent Address	:																				
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4.	Correspondence Address: (If different from above)																					
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8.	Date of Birth: DD		MM YY	YY T		9. Ca	ateg	gory : 0	Gen/	SC/	ST	/OBC	C/Ot	her	П		Т					
10.	Academic Qualificat	tion:																				
	Name of Exam.		Board	Board/University					Year					Subject					% age			
	High School/																					
	Secondary																					
	Intermediate/																					
	Sr. Secondary Graduation																					
	Specify																					
11.	Fee Details:																					
	Demand Draft No.	Bar	nk Name/Branch	Name/Branch Payable at										Date			Amount (Rs.)					
				Technical	Educati	on Or	gan	nizatio	n, De	elhi												
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	I hereby declare t		particulars stated	in this form	enclosi	ires a	re	true t	o the	e be			-			_						
	nt supression distro																	on/[Diplo	ma		
Deg	gree. is liable to for	cancella	ntion. Further I als	o promise to	amide	by th	e rı	ıles, r	orm	ı of	dis	scipl	ine	of th	ne Ir	ıstitı	ıte.					
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