

REGISTRATION FORM

O/A/B LEVEL SOFT WARE

O

A

B

NAME:

FATHER'S NAME:

MOTHER'S NAME:

DATE OF BIRTH:

PHONE NUMBER:

CATEGORY (SC/ST/GEN):

EMAIL ID:

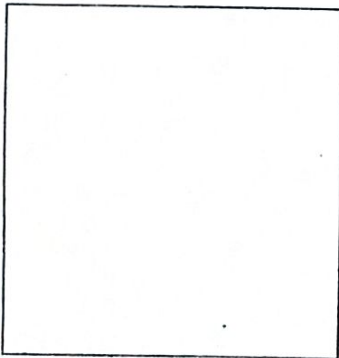
ADDRESS:

PIN CODE:

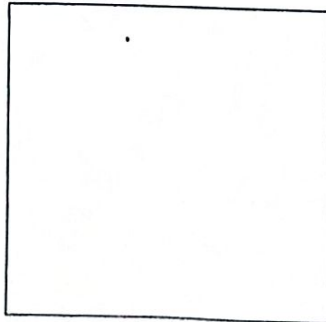
QUALIFICATION:

YEAR OF PASING:

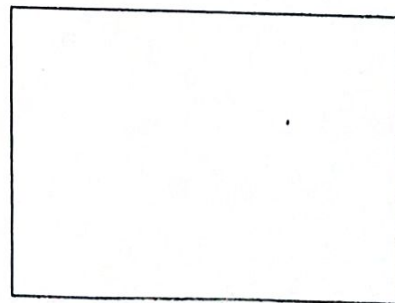
VISIBLE MARK:



PHOTOGRAPH



THUMB IMPRESSION



SIGNATURE