



SIHPPS

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ON LINE ADMISSION REGISTRATION FORM

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Trainee

COURSE APPLIED FOR-----
NAME OF CANDIDATE-----
FATHER'S/HUSBAND'S NAME-----
POSTAL ADDRESS-----
DATE OF BIRTH-----SEX-----RELIGION-----CASTE-----
NATIONALITY-----MEDIUM OF EDUCATION-----
EDUCATIONAL QUALIFICATION:

S.NO.	EXAMINATION	BOARD/UNIVERSITY	YEAR	SUBJECTS	% OF MARKS

PERMANENT ADDRESS-----

E.MAIL-----TEL NO:-----MOBILE-----

DECLARATION

I -----S/O,D/O,W/O,Sh-----do hereby affirm and declare that above information true and correct to the best of my knowledge and belief and nothing has been concealed there form. I also that the event of wrong information my candidature may be liable to be cancelled.

Date:
Place: Signature of Candidate