

HUMAN RESOURCES DEVELOPMENT SOCIETY

Application for Admission to Final Examination

20 .

(Head of Affiliated Training Institution, Gazetted Officer, M.Ps, M.L.As can attest the Photograph)

Subject : Register No:

Period of Training: From : To : Duration : Months/Years

1. Name and Address of Affiliated Training Institution :
through which the candidate appears for examination

2. ATI Affiliation No :

3. Name of Candidate (IN BLOCK LETTERS) :
(As in SSLC, Enclose true copy)

4. Sex : 5. Date of Birth :

6. Address:
.....

7. Qualifications (Enclose Attested Copies of Certificates):
.....

Signature of Candidate :
(To be signed in the presence of identifying officer)



Name and Designation of Identifying Officer

Identifying Officer should sign on the Photograph
(No rubber stamp should be affixed on the photograph)

Certified that the entries made by the candidate are verified carefully and found correct with relevant records

Place:

Date:

Signature with Seal
Head of ATI

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Final Examination

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Candidate Admit Card

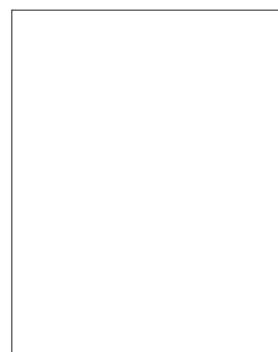
Name of Examination Center :

Subject :

Name of Candidate :

Signature of Candidate :
(To be signed in the presence of Identifying Officer)

Register No.



Signature of Identifying Officer
(To be signed on Photograph)

NOTE: All particulars except Register Number should be furnished by candidate.