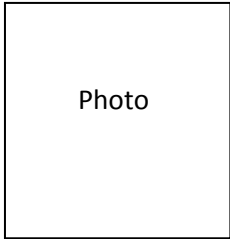


MOMIN ANSAR COMMON LEARNING CENTRE

ATRARI PO: KHAIRABAD, DISTT. MAU U.P

APPLICATION FORM



OFFICE USE ONLY:

Reg. No. Valid From T O

Name:

Name of Father

Name of Mother

Guardian Name :

Sex: Male Female Date of Birth:

Category: GEN. OBC. SC. ST.

Occupation:

Govt. Empl.	Govt. Undertaking	Self Empl.	Student	Others
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Phone No. Mob. No.

E-mail:

Preparation For

Educational Qualification:

Class	Passing Year	Name of Board/University	Percentage %

Full Address:

Vill/Moh.	<input style="width: 100%; height: 20px;" type="text"/>
Post.	<input style="width: 100%; height: 20px;" type="text"/>
Distt.	<input style="width: 100%; height: 20px;" type="text"/>
State	<input style="width: 100%; height: 20px;" type="text"/>

Pin

The above given information is true to the best of my knowledge.

Place..... Date.....

Candidate Signature