

# MOMIN ANSAR GIRLS INTER COLLEGE

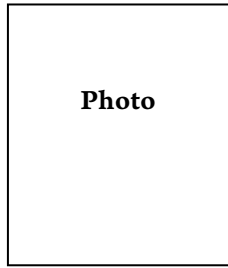
ATRARI PO: KHAIRABAD, DISTT. MAU U.P

## NIELIT 'O' Level APPLICATION FORM

OFFICE USE ONLY:

Sr. No.  Reg. No.  Session

(Filled by candidate in BLOCK Letter) Failure Roll No



Left Thumb Impression	Signature

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

Phone No.  Mob. No.

E-mail:

### Educational Qualification:

Class	Passing Year	Name of Board/University	Percentage %

### Full Address:

Vill/Moh.	<input type="text"/>
Post.	<input type="text"/>
Distt.	<input type="text"/>
State	<input type="text"/>
	Pin <input type="text"/>

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

Place.....

Date.....

Candidate Signature

Note: Attach Self Attested Copy of Educational Certificate in two set.