



**ARUNACHAL PRADESH
STATE COUNCIL FOR TECHNICAL EDUCATION
ITANAGAR**

(under the Directorate of Higher & Technical Education, Govt. of AP, Itanagar)

REGISTRATION FORM

To be allotted by the Council

Registration No. / / /

Roll No. :

Please paste your
recent photograph

1. Name of the Institution : _____
2. Name of the Candidate : Miss/Mr. _____
(IN BLOCK LETTERS)
3. Sex M F
4. Caste / Tribe : _____
5. Date of Birth :
6. Mother's Name : _____
7. Father's Name : _____
8. Permanent Address : Village/Town _____ PO _____
PS _____ Distt. _____
Pin No _____ State _____ Phone No _____

9. Details of Qualifying Examination Passed :

Class	Year of passing	Name of the Board	Roll No.	Sl. No. of Marksheet	Percentage of Marks

10. Details of Qualification, if any, higher than that mentioned at Sl. No. 9

Class	Year of passing	Name of the Board	Roll No.	Sl. No. of Marksheet	Percentage of Marks

11. Name & Address of the Institution last attended _____

12. Year of leaving the institution last attended : _____
13. Programme in which admitted : _____

Note : 1. Pasted Photograph to be attested by the Principal
2. One additional Stamp Size Photograph to be enclosed alongwith the form.

Date :

Signature of the Candidate

Countersignature of the Principal (with seal)