FORM NO. A-1

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 :** D D M M Y Y Y Y

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)