

Application No.



RABINDRANATH TAGORE YOUTH COUNCIL
60, MOULANA AZAD SARANI, CITY CENTRE DURGAPUR-713216
(M)+91-9332206410, Mail-id:rntyc1234@gmail.com

PHOTO OF THE
CANDIDATE

APPLICATION FORM

Name of Course Applied for :

Name of LBS Unit:

Scheduled Date of Commencement

Date

Month

Year

1. Name with initials (IN BLOCK LETTERS)

2. Age

Date of Birth

Date

Month

Year

3. Permanent Address

Phone

Pin

4. Name of Parent Guardian

5. Whether belong to SC/ST/OBC/GEN

6. Educational Qualification

SSLC

PDC/+2

Degree

Diploma

PG

(Attested copies of SSLC and Other Qualifying Certificates to be attached)

7. Address for Communication

Phone

Pin

8. Session opted

A, 7.30 AM

B, 10.00 AM

C, 2.00 PM

D, 5.30 PM

9. Document attached as proof of identify

Copy of 1. Passpost

2. Voter's identity card

3. Photograph attested by a Gazetted Officer

Certified that the details furnished above are true and I here by agree that I shall abide the rules and regulations mentioned in the prospectus.

Place :

Date :

Signature of the Applicant

FOR OFFICE USE ONLY

Remarks of Course Section

Admitted Y/N

Session Allotted (A,B,C,D)

Controlling Officer

Fees paid Rs.

Receipt No.

D

M

Y

Nature of Payment

Cash

DD

DD No

D

M

Y

Initials of Accountant

Name of bank