



INTEGRITY  
 COMPASSION  
 EXCELLENCE

# SAMKALP



## || Civil Services Examination Orientation Programme ||

(Fill in block letters only)

Registration No.....Date : .....(for office use only)

Name: -----

Father's Name : -----

Father's Occupation & Designation : -----

Present / Mailing Address: -----

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----- Ph.:-----Mob:-----

Permanent Address: -----

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-----Ph.:-----Mob:-----

Email: -----

Place & Date of Birth: -----

Category (Tick whichever applicable) :  General  OBC  SC  ST

Decision to appear for exam (Tick whichever applicable) :  Decided  Yet to decide

Hobbies: -----

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Social Work Experience : -----

Association with social organization(s): -----

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Details of Academic record :

Class	Board/University/Exam	Year of Passing	Subject (s)	% of Marks
X				
XII				
Degree				
Post Graduation				
Ph.D etc.				

(see reverse)

