ADMISSION FORM
CIVIL SERVICES STUDY CENTRE
Administrative Training Institute
Government of West Bengal

Academic Year 2020

(Fill the Form in CAPITAL LETTERS only)

1. Name of the Applicant : ____________________________
   (First name)       (Middle Name)    (Last Name)

2. Date of Birth : Day _____ Month _____ Year _____

3. Sex ( ✓ one) : Female / Male / Other

4. Category ( ✓ one) : General  SC  ST  OBC-A  OBC-B

5. Father’s/ Mother’s Name : ________________________________

6. Correspondence Address :

7. Email ID :

8. Mobile:

9. Educational Qualifications

<table>
<thead>
<tr>
<th>Examination Passed</th>
<th>Name of the Board / University and School/College attended</th>
<th>Year of Passing</th>
<th>Division / Class</th>
<th>% Marks / Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, ________________________________ S/O or D/O ________________________________
declare that all information given above is true to the best of my knowledge and belief.

Date: ____________________________  Place: ____________________________  Signature of applicant