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Board of Technical Examinations

**Application for Registration**

Academic Year 20.....-20.....

Course	
Part Time / Full Time	
Branch & Branch Code	
Name of Institution & Institution Code	
Name of Candidate (In block capitals as in SSLC)	
Address in full (Permanent home address)	
Religion	
Community*	
Date of Birth	

**Certified that details furnished by me above are correct.**

Station :

Date :

Name & Signature of the candidate

Recommended for Registration
<b>Head of Section/ Group Tutor</b>
Certified that the entries are carefully verified and found correct with this office records
<b>Section Clerk</b> <b>Office Seal</b> <b>Principal/Head of Institution</b>

# Furnish all details

\*Specify whether OBH/OBX/SC/ST