



GOVERNMENT OF ASSAM
CHUTIA DEVELOPMENT COUNCIL, ASSAM
H.O : SADIHANI BHAWAN, VIP ROAD , P.O. UDAYAN BIHAR
GUWAHATI -71

**APPLICATION FORM FOR APSC COACHING UNDER CHUTIA DEVELOPMENT COUNCIL, ASSAM IN COLLABORATION
WITH ALL ASSAM CHUTIA STUDENTS UNION**

To,

The Chairman,
Chutia Development Council,
Guwahati-71

PASTE YOUR
PASSPORT SIZE
PHOTO

Sir,

I am intending candidate to take admission into APSC Coaching Programme, 2025-26. Detailed information is stated below in support of my application

PERSONAL DETAILS

NAME OF THE CANDIDATE: _____

EMAIL ID: _____ PHONE NO.: _____

WHATSAPP NO.: _____ GURDIAN'S NO.: _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

DATE OF BIRTH: _____ GENDER: MALE ☐ FEMALE ☐

ADDRESS: _____ DISTRICT: _____ P.O.: _____

PINCODE: _____ PARENTS OCCUPATION: _____ ANNUAL INCOME: _____

CASTE CERTIFICATION – ISSUE NO: _____ ISSUE DATE: _____ ISSUING AUTHORITY: _____

CHOICE OF EXAM CENTRE (PLEASE TICK CENTRE): ☐ DIBRUGARH ☐ GOLAGHAT ☐ LAKHIMPUR ☐ GUWAHATI

EDUCATIONAL QUALIFICATIONS

QUALIFICATION	BOARD	COLLEGE/UNIVERSITY NAME	YEAR OF PASSING	PERCENTAGE OR CGPA
CLASS 10TH				
CLASS 12TH				
GRADUATION				
POST GRADUATION (IF ANY)				

DECLARATION

I,sincerely proclaim that all of the above-mentioned information is true to my belief and I am responsible for its accuracy.

DATE:

PLACE:

SIGNATURE OF APPLICANT