GOVERNMENT OF KARNATAKA SOCIAL WELFARE DEPARTMENT PRE-EXAMINATION COACHING FOR Group-C-2023-24.

Applicant Photo

Details of the Applicant

te: Candidates are requested to fill the below particulars without fail.

| | Note: Candidates are requested to h | | | | 1 | | | | | | | | | | |
|----|--|---|----------|---|------|----------------------------|-----|---|--------------------|------|-------|-----|----------|----|-----|
| 1 | Have you already taken coaching from PETC (Please mention the Course i.e. UPSC/KAS/Group-C/ Banking/RRB/SSC/Judiciary. | | | | | | | | | | | | | | |
| 2 | Register Number | | | | | | | | | | | | | | |
| 3 | Name of the Candidate | | | | | | | | | | | | | | |
| 4 | Name of the Course Selected | | | | | | | | | | | | | | |
| 5 | Name of the Caste | | | | 1 | | | | | | | | | | |
| 6 | Caste RD No | | | | | | | | | | | | | | |
| 7 | Annual Income | | | | | | | | | | | | | | |
| 8 | Income RD No | | | | | | | | | | | | | | |
| 9 | SSLC Registration No. | | | - | | | | M | r | Y | | Y | — | Y | Y |
| 10 | Date of Birth | D | | D | - | N | 1 | M | | 1 | | | | | |
| | | N | Marks ob | | obta | otained | | | | 1 Ma | Marks | | | % | |
| 11 | Graduation Details with Percentage | | | | | | | | | | | | | | |
| 12 | Aadhaar No | | | | | | | | | | | | | | |
| 13 | Score obtained in the entrance exam conducted by KEA | | | | | | | | | | | | | | |
| | Reservation Claim (Please | | G.I | M | | ł | P.H | | Ho | stel | K | RII | ES | Wo | men |
| 14 | mention-GM/Physically Challenged / Hosteller/KRIES School/Women/ Safai Karmachari/Alemari-Are | | S.K | | I | Alemari/ Are alemari | | | Please Tick ($$) | | | | | | |
| 15 | alemari) 5 Mobile No | | | | | | | | | | | | | | |
| 16 | | | | | 1 | 1 | | | | | | 1 | | | |

FOR OFFICE USE ONLY

| SSLC Registration No. | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|
| Degree Percentage | Marks obtained Total Marks Percentage | | | | | | | | |
| | | | | | | | | | |
| Reservation Claimed | | | | | | | | | |
| Remarks of Verifying Officer/Staff | Approved / Rejected | | | | | | | | |
| | Degree Percentage Reservation Claimed Remarks of Verifying | | | | | | | | |

Date:

Place:

Signature of Verifying Officer

Name :

Designation: