

Application Form for LAB TECHNICIAN (U.T.B.)

Application ID	(for Office Use)	Application Date	
----------------	------------------	------------------	--

Basic Details

Name of Candidate				Paste your Photo
Father Name		Category		
Gender		Date of Birth		
Email ID		Mobile Number		
Address		Domicile District		

Specially Abled Category	Yes / No
--------------------------	----------

Senior Secondary Qualification Details

Board		Passing Year	
Marks Obtained		Maximun Marks	

RPC Registration Details

RPC Registration Number		Registration Year	
-------------------------	--	-------------------	--

Technical Qualification Details

Technical Qualification		Passing Year	
Marks Obtained		Maximun Marks	

Documents Attached

10th MarkSheet	Yes / No
12th MarkSheet	Yes / No
RPC Certificate	Yes / No
Domicile Certificate	Yes / No
Technical MarkSheet	Yes / No
Category Certificate	Yes / No
Special Category Certificate	Yes / No

Copy of Document Attachment

- 1
- 2
- 3
- 4
- 5

I S/o hereby declare that all the above information are correct and accurate and I have read the instructions carefully and agreed. In case of false/wrong information, my application may be cancelled.

Signature.....

Date.....

