



**MIZORAM STATE COUNCIL FOR TECHNICAL EDUCATION
MIZORAM:AIZAWL**

To,

The Secretary,
Examination Committee
Mizoram State Council for Technical Education
Mizoram : Aizawl

**2Passport
photograph
should be
attached**

1. Name in full (**in block Letter**): _____
2. Father's Name (**in block Letter**): _____
3. Branch: _____
4. Institution: _____
5. Sex: _____
6. Registration No. (to be filled by Tech. Wing Office): _____
7. Full Address: Area/City/Town: _____

8. Contact No.: _____ District: _____

Yours faithfully

Signature of Candidate

Sl. No.	Code/Paper	Name of Subject	Remarks
1			
2			
3			
4			
5			
6			

To be filled by the institution

The particulars have been **checked** and **found correct**. Recommended for issue of the Registration Certificate and Admit Cart.

Dated: _____

Signature of Owner i/c with Seal



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4. Institution: _____
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Yours faithfully

Signature of Candidate

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