

Form No :



CEITRC
के.शै.ता.मा.सं.स

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केन्द्रीय शैक्षणिक एवम् तांत्रिक माहिती संशोधन समिती संचलित
CENTRAL EDUCATION & IT RESEARCH COMMITTEE



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Co-ordinator Application Form

Name of Co-ordinator:_____

Address :_____

Educational Qualification :_____

Mobile No:_____

District :_____ State_____

Date of Birth :_____

Official address :_____

Phone no. Office :_____

Reference :_____

Working area as a co-ordinator:_____

Experience :_____

Adhar Card No :_____

Applicant's
Photo

Applicant's Signature