**KUSHMANDA INSTITUTE FOR PCS EXAMINATION(Regd)**

 **(A DIVISION OF KUSHMANDA EDUCATION SERVICES PVT. LTD.)**

 **B-892, SUSHANT CITY, ANSAL, PANIPAT, HARYANA**

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 **REGISTRATION FORM**

 **HPAS Exam 2014**

1. Name :................................................................................................................................

2. Name of the exam : ............................................................................................................

3. Medium of Examination : .................................................................................................

4.Roll No..............................................................................................................................

5. Date of Birth : .....................................................................................................................

6. Gender : ..............................................................................................................................

7. Father’s Name : ..................................................................................................................

8. Father’s Occupation : .......................................................................................................

9. Present Address : .............................................................................................................

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10. Permanent Address : ........................................................................................................

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11. Telephone no : .................................................................................................................

12. Email : .................................................................................................................................

13. No of Previous attempts and outcome of each : ...........................................................

14. I am intresting in registration for : ...................................................................................

Place : ....................................

Date : .................................... Signature