

# Swami Vivekananda Talent Search, Odisha



## DIRECTIONS

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photo

To be filled in by the CO-ORDINATOR

NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

DATE OF BIRTH : \_\_\_\_/\_\_\_\_/\_\_\_\_

PERMANENT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRESENT ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATIONAL QUALIFICATION

<u>BOARD/COUNCIL</u>	<u>INSTITUTION</u>	<u>YEAR OF PASSING</u>

## DECLARATION

I declare that the information given in this form are complete and correct to the best of my knowledge and belief.

X

Date:

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Signature of Coordinator

Place:

OFFICE USE ONLY

COORDINATOR NAME:-

LMT STAMP

COORDINATOR CODE

VST STAMP

SVTSE CODIN.