

REGISTRATION FORM FOR BASIC TRAINING

Name

Profile Photo

Father Name

Gender

Present Address

Contact No(self)

Aadhar Number

Assign By

Assigner Rera No.

ABPS Name

Team Name

Is Same Applicant as
working Person

Working Person Name

Working Person Photo:

Date:

Signature of the Applicant (within the box only)	Signature of the Assignee (within the box only)	Signature of the ABPS & Above (within the box only)
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