

Government Of Jharkhand  
Department Of Higher, Technical Education & Skill Development  
Offline Registration Form

(PLEASE FILL UP THE FORM IN CAPITAL LETTERS)

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

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

GENDER (Please Tick): MALE

FEMALE

THIRD GENDER

DISTRICT: \_\_\_\_\_

CATEGORY (Please Tick): GENERAL

OBC

SC

ST

MOBILE NUMBER: \_\_\_\_\_

AADHAR NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME OF COLLEGE: \_\_\_\_\_

UNIVERSITY: \_\_\_\_\_

DEGREE: \_\_\_\_\_

YEAR OF PASSING: \_\_\_\_\_