

APPLICATION FORM

THE MANIPUR REMOTE SENSING APPLICATIONS CENTRE

New Secretariat Building, Room No. 101, Imphal-795001, MANIPUR. Fax : 0385-2451816

Course Applied for

1. Name:.....

2. Date of Birth:.....

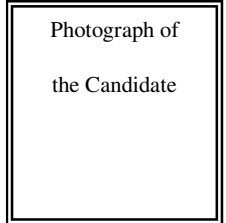
3. Sex :.....

4. Parent/Guardian Name:.....

5. Nationality:.....

6. Community:.....

7. Qualification Details:



Sl No	Course	Subjects	Board/University	Year	%

9. Permanent Address:

10. Address for Communication (if different from above):

11. Check if you have enclosed the following documents in support of your application. Only attested copies need to be attached to the application. Candidates will be required to produce original documents only at the time of interview.

1. Documents supporting date of birth.
2. Two Passport Photograph.
3. Mark Sheets & Certificates

DECLARATION

I certify that the information given in this application is correct to the best of my knowledge. If admitted, I agree to abide by the rules and regulations of the MARSAC.

PLACE & DATE

SIGNATURE OF APPLICANT