

Annexure 1: Recommendation Form
(To be filled by the one who recommends)

Name of the Students		Native Address	
DOB		Phone No	

Students Skills and Talents:

Family Background:

Please tick what is relevant:

- | | |
|--|--|
| <input type="checkbox"/> Govt. diploma-3 years | <input type="checkbox"/> Hostel Required |
| <input type="checkbox"/> Private diploma-3 years | <input type="checkbox"/> Day scholar |
| <input type="checkbox"/> 1 year-short term courses | <input type="checkbox"/> SC/ST/ Converted Christians |
| <input type="checkbox"/> Appeared SSLC | <input type="checkbox"/> Orphan |
| <input type="checkbox"/> Appeared HSC | <input type="checkbox"/> Semi-orphan |

Recommended By:

Office seal :	signature:
Place:	Name:
Date:	Designation:
	Mobile: