

KENDRIYA HINDI SANSTHAN, AGRA

(MINISTRY OF EDUCATION)

(DEPARTMENT OF HIGHER EDUCATION, LANGUAGE DIVISION)

(Government of India, New Delhi)

NOTE : (i) FILL IN DUPLICATE

(ii) FILL BY TYPING IN CAPITAL LETTERS

1. Full Name
2. Nationality
3. Date of birth (In Christian Era)
4. (a) Father's Name
- (b) Mother's Name
5. Husband's/Wife's name.....
6. Present Address
7. Permanent Address
8. E-mail
9. Phone/Mobile
10. Passport number
- (a) Date of issue of Passport.....
- (b) Place of issue of Passport.....
- (c) Validity of Passport
11. Occupation
12. Previous visits to India, if any
- If yes, mention date and place of the visit.

(Signature of Candidate)

Date :

Name :