

**OFFICE OF THE DEPUTY COMMISSIONER
SOUTH WEST KHASI HILLS DISTRICT
MAWKYRWAT
APPLICATION/REGISTRATION FORM
WORKSHOP**

(Under the Chief Minister's Career Guidance and Counselling Scheme)

Name of the Applicant (in Block Letter)																
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	<i>(Tick)</i>											
Community	Khasi	<input type="checkbox"/>	Garos	<input type="checkbox"/>	Others	<input type="checkbox"/>	<i>(Tick)</i>									
Father's/Mother's Name																
Date of Birth	d	d	m	m	y	y	y	y								
Address for Communication																
Contact Number																
Email ID																
Educational Qualification:																
	Name of School/College/University				Board				Year							
SSLC	:															
HSSLC	:															
Graduate	:															
Post Graduate	:															
Signature of the Applicant																