

MOCK TEST FORM
CIVIL SERVICES STUDY CENTRE
Administrative Training Institute
Government of West Bengal

Prelims/Mains/Combined Mock Test Series(2020)

(Fill the Form in CAPITAL LETTERS only)

Paste colour photo
of 4.5 cm x 3.5 cm

1. Name of the Applicant : _____
(First name) (Middle Name) (Last Name)
2. Date of Birth : Day _____ Month _____ Year _____
3. Sex (✓one) : Female / Male / Other
4. Category (✓one) : General SC ST OBC-A OBC-B
5. Father's/ Mother's Name : _____
6. Correspondence Address : _____

7. Email ID : 8. Mobile:
9. Educational Qualifications

Examination Passed	Name of the Board / University and School/College attended	Year of Passing	Division / Class	% Marks / Grade

I, _____ S/O or D/O _____
declare that all information given above is true to the best of my knowledge and belief.

Date:

Place:

Signature of applicant