



Form L-1

GOVERNMENT OF ARUNACHAL PRADESH
DIRECTORATE OF HIGHER & TECHNICAL EDUCATION
ITANAGAR

APPLICATION FOR LATERAL ENTRY IN 2ND YEAR DIPLOMA PROGRAMMES
FOR (10+ 2 YEAR ITI)

SESSION: _____

Name of the Programme : _____
(to be filled in by the Candidate)

Please affix your recent Pass-port size Photo here (one copy to be submitted with the form)

1. Name of the Candidate
in (BLOCK LETTERS) : _____
2. Father's Name : _____
3. Mother's Name : _____

4. Date of Birth :

D	D	M	M	Y	Y

5. Gender

Male	Female

6. Are you a Permanent Resident of A. P. :

YES	NO

7.

Caste	Tribe

8.

Religion	Mother Tongue

9. Name & Address of the institution last attended : _____

10. Full Postal Address (in BLOCK LETTERS) : _____
PO _____ PS _____
District _____, Arunachal Pradesh
Contact No. _____

11. Permanent Address : Village _____
PO _____ PS _____
District _____, Arunachal Pradesh