

# VAJIRAM IAS TEST SERIES

Regd. Office: 82, Old Rajinder Nagar Market, New Delhi-110060

Tel. 25820000, 25734058.

Website: www.vajiramandravi.com

## APPLICATION FORM

1. Name in Full: \_\_\_\_\_  
(In Block Letters)

2. Old Admission Number (if available) :  

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3. Father's Name : \_\_\_\_\_

4. Date of Birth: 

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5. Do you belong to SC/ST/OBC? Yes/No

6. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Contact No. : Phone/Mobile No. 

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E-Mail ID. \_\_\_\_\_

8. Educational Qualification: Graduate/Post-Graduate

9. Details of Payment: Demand Draft/Cheque No. \_\_\_\_\_  
Dated \_\_\_\_\_ for Rs. \_\_\_\_\_  
Drawn on (Bank) \_\_\_\_\_  
**(Only At Par Cheque will be accepted)**

10. Subject(s) Offered: General Studies & CSAT

11. Admn.No: 

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(For office use)

**Signature of the candidate**

**Date:** \_\_\_\_\_

Staple two  
Passport size  
photographs here