



STATE LEVEL NODAL AGENCY
WATERSHED MANAGEMENT, MANIPUR
Department of Planning, Babupara, Imphal 795001

Office Copy

Roll No.....
(To be filled by Officials)

ADMIT CARD

(To be filled up by Candidate)

1. Name of the Candidate:.....
2. Father's name/ Husband's name:
3. Date of Birth:.....
4. Gender:.....
5. Address:.....
.....
6. Name of the post applied for:.....
7. Category (UR/ST/SC/OBC):.....
8. Date of Examination:.....(to be filled by officials)
9. Venue of Examination:(to be filled by officials)



(Signature of the Candidate)

(Signature of the issuing Authority)



STATE LEVEL NODAL AGENCY
WATERSHED MANAGEMENT, MANIPUR
Department of Planning, Babupara, Imphal 795001

Candidate's Copy

Roll No.....
(To be filled by Officials)

ADMIT CARD

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1. Name of the Candidate:.....
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