



Last Date for submission of application is

**CENTRE FOR EDUCATIONAL DEVELOPMENT OF MINORITIES**  
**Minorities Welfare Department, Govt. of Andhra Pradesh**  
Opp. Swathi Theatre, Bhavanipuram, Vijayawada – 520012.  
Phone / Fax: 0866-2970567(O), email: [cedmap2017@gmail.com](mailto:cedmap2017@gmail.com)

Affix  
Passport  
Size  
Photograph

**IBPS (Banking) - 20**  
**FREE COACHING PROGRAMME**  
**APPLICATION FOR REGISTRATION**

1. Name of the Candidate : \_\_\_\_\_  
(In Block Letters)
2. Father's Name : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_ 4. Age: \_\_\_\_\_ 5. Sex: Male / Female
6. Religion : \_\_\_\_\_
7. Educational Qualifications : \_\_\_\_\_
8. Medium of Instruction : English  Telugu
9. Category : \_\_\_\_\_
10. IBPS Online Application Number : \_\_\_\_\_
11. Aadhaar Number : \_\_\_\_\_
12. Income : \_\_\_\_\_
13. Postal Address : \_\_\_\_\_  
\_\_\_\_\_
- Phone No. : \_\_\_\_\_
14. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
- Phone No. : \_\_\_\_\_
15. Institution/Centre/Area for Coaching : \_\_\_\_\_

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

Signature of the Candidate

(FOR OFFICE USE ONLY)

Registration No: \_\_\_\_\_

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