



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)

**AP TET- 20**

**FREE COACHING PROGRAMME  
APPLICATION FOR REGISTRATION**

Affix  
Passport  
Size  
Photograph

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 : Urdu
9. Category (Paper-I - SGT) : \_\_\_\_\_
10. AP TET 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: \_\_\_\_\_

**PROJECT ASSOCIATE**

**DIRECTOR**