

Last Date for submission of application is 26/02/2023



**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)

**Sachivalayam (Grama/Ward)**

**FREE COACHING PROGRAMME**

Affix  
Latest Passport  
Size  
Photograph  
(Mandatory)

**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. Post Applied for : \_\_\_\_\_
10. Online Application Number : \_\_\_\_\_  
\*\* (Government Job Online Application Mandatory):
11. Aadhaar Number : \_\_\_\_\_
12. Income : \_\_\_\_\_
13. Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Candidate Phone No. : \_\_\_\_\_
14. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Parent/Guardian Phone No. : \_\_\_\_\_
15. Nearest Coaching Center : \_\_\_\_\_
- Date: \_\_\_\_\_ Signature of the Candidate

(FOR OFFICE USE ONLY)

Registration No & Date: \_\_\_\_\_

**DIRECTOR**

Project Associate/ Office Assistant