

Last Date for submission of  
application is 10/01/2024



**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

Affix  
Latest Passport  
Size  
Photograph  
(Mandatory)

**Group-I (2023-24)**  
**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. Post Applied for : \_\_\_\_\_
10. Online Application Number : \_\_\_\_\_  
(Government Job Online Application Mandatory)
11. Aadhaar Number : \_\_\_\_\_
12. Income (Below 6 Lakhs) : \_\_\_\_\_  
(Certificate Mandatory)
13. Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Candidate Phone No. : \_\_\_\_\_
14. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Parent/Guardian Phone No. : \_\_\_\_\_
15. Preferred Coaching Center : \_\_\_\_\_  
(Nearest/Allocated)

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

Signature of the Candidate

(FOR OFFICE USE ONLY)

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

**DIRECTOR**

Project Associate/ Office Assistant