

Details of Payment & Fee:

1. DD/Challan No. _____
2. Date _____
3. Bank _____
4. Rs. _____

I, hereby declare that the particulars furnished above are true to the best of my knowledge. I have read the instructions and understood that my candidature will be cancelled in any of the information is found false.

Station :

Date :

Signature of the Candidate

NOTE :- The Controller of Examinations reserves the right to allot any Centre to the candidate for appearing the Theory and Practical examinations other than the Centre Specified by the candidate in the application, if there is no sufficient number of candidates in it.

*** NOTE :

THE CANDIDATE SHOULD SUBMIT THE APPLICATION AND THE CHALLAN (OR) DD IN THE OFFICE OF THE SDE EXAM SECTION TO ISSUE THE HALL TICKET & ALLOW TO ATTEND THE EXAM.