

অসম চৰকাৰ



GOVERNMENT OF ASSAM

Office of The Deputy Commissioner,Dibrugarh

2022062 Trainings Under Registration Department
Department

Applicants Details

Registration
Number **DCDIB202200002**

Training Name **2022062**

Department
Name

Registration Department

Preasent Add. **Vill/Town: nagaon PS: fghgfhgfhgfh PO:
dghgfhgfh Dist: xgfhgfh State: nagaon -
898989**

Permanent Add. **Vill/Town: nagaon PS: fghgfhgfhgfh PO:
dghgfhgfh Dist: xgfhgfh State: nagaon -
898989**

Full Name **Test Last**

Date of Birth **2022-06-30**

Gender **Female**

Religion **NA**

Father's Name **fdsgsdfg**

Mother's Name **sdfgfsdgsdfg**