

অসম চৰকাৰ



GOVERNMENT OF ASSAM

Office of The Deputy Commissioner,Dibrugarh

Training Trainings Under Registration Department Department

Applicants Details

Registration
Number **DCDIB202200014**

Training Name **Training**

Department
Name **Registration Department**

Preasent Add. **Vill/Town: nagaon PS: trytrytry PO: rtytry
Dist: rtytrytry State: nagaon - 898989**

Permanent Add. **Vill/Town: nagaon PS: trytrytry PO: rtytry
Dist: rtytrytry State: nagaon - 898989**

Full Name **Test Last**

Date of Birth **2022-06-23**

Gender **Female**

Religion **NA**

Father's Name **trytry**

Mother's Name **trytry**