

অসম চৰকাৰ



GOVERNMENT OF ASSAM

## Office of The Deputy Commissioner,Dibrugarh

### Training Trainings Under Registration Department Department

#### Applicants Details

Registration  
Number **DCDIB2022000030**

Training Name **Training**

Department  
Name

**Registration Department**

Preasent Add. **Vill/Town: nagaon PS: gfhgfh PO: fghgfh  
Dist: hgfhgfh State: nagaon - 898989**

Permanent Add. **Vill/Town: nagaon PS: gfhgfh PO: fghgfh  
Dist: hgfhgfh State: nagaon - 898989**

Full Name **Test Last**

Date of Birth **2016-01-01**

Gender **Female**

Religion **NA**

Father's Name **rytryghgfh**

Mother's Name **gfhgfhggfh**