1. FULL NA	ME							
2 DEDSON	AL DETAILS							
Date of Birth								
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Mother's Name  Address for Correspondence								
District		State Pin					ode	
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3. CONTAC	T DETAILS							
Phone No.				Mobile No				
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4. EDUCAT	IONAL QUALI	FICATION	DETAILS			0/ 5		
Exam Subject / Passed Stream		Name of University / Board / Institute				% of Marks / CGPA	Date of Passing	Class / Grade
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[The form duly filled-in (typed and not handwritten) may be sent by mail to <a href="mailto:itsubs@rbi.org.in">itsubs@rbi.org.in</a>]