



GOVERNMENT OF INDIA
NATIONAL ACADEMY OF CUSTOMS, INDIRECT TAX & NARCOTICS
ZONAL TRAINING INSTITUTE
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REGISTRATION FORM
(To be filled in by the trainee)

1. Name of the Officer (In block letter): _____
2. Designation: _____
3. Date of Birth: Date _____ Month _____ Year _____
4. Educational Qualification: _____
5. Date of entering in service: _____
6. Name of the Commissionerate: _____
7. Present place of posting: _____
8. Local Residential address: _____

9. Telephone/Mobile No (compulsory). _____
10. E-mail ID :(Compulsory for all). _____
11. Whether belongs to SC/ST/OBC/General: _____
12. Date of joining in the present course: _____
13. Name of the course: _____

Date:

Place:

Signature