

VIKLANG SAHRA SAMITI DELHI

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FEED BACK FORM VT BENEFICIARIES

NAME _____

FATHER'S NAME _____

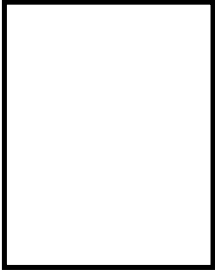
FATHER'S & HUSBAND'S OCCUPATION _____

RESIDENT ADDRESS _____

PHONE NUMBER _____

COURSE _____ BATCH _____ SC/ST/OBC/GENERAL/PHYSICALLY HANDICAPPED _____

TOTAL FAMILY ANNUALY INCOME _____ TOTAL NUMBER OF FAMILY MEMBER _____



JOB PROFILE EITHER EMPLOYEE OF SELF EMPLOYED



SUGGESTIONS & QUERIES



SIGNATURE OF TRANEE