

DYAL SINGH EVENING COLLEGE
(University of Delhi)
Lodi Road, New Delhi-110003

ADMIT CARD FOR THE POST OF _____

Test/ Skill Test for the Post of _____
(To be filled by the applicant)

Roll No.	_____
Date of Examination	_____
Address of Exam Centre	Dyal Singh Evening College, University of Delhi, Lodhi Road, New Delhi-110003

(To be filled by the applicant)

Applicant Name : _____

Father's/Husband's Name : _____

Category : _____
(SC/ST/OBC/EWS/PwD/General)

Address : _____

Email : _____

Mobile : _____

Principal