APPLICATION FORM

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Post SI. No.:_____ Name of the Post/ Position: _____

Note: Candidate is to fill all the information in his own handwriting and enclose copies of all documents for consideration of this application. If required Annexure can be enclosed.

								Titl	e (Mr	r./Ms.	/Mrs	./Dr.)															
	b.	First	Nam	e			1		1	1	1	1	1			1	1	1	1		1			<u> </u>			_
c. Surname																											
2.	2. Father's Name (In block letters) :																										
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4.	Date	e of Bi	rth:	DO	з						Age	as c	on					:		y	ears		m	onths_		day	s
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7.	Reliç	gion :																									
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9.	Aad	haar	No.	:													-	10. D (II	ate c	of reti	ireme Govt	ent : . Servi	ce)				
11.	Educ	cation	al qu	lalific	ation	IS (Fro	om SSC	C onwar	ds) :																		
SI				ation							-						Period				F	Percen-	- D	ivision	/		
	No. passed with group			cts		Board / University							=rom I-mm-y			ТО тт-уу		tage		Grade							
1																											

S	. Examination			Per	riod	Percent-	Division/	
	<i>passed with group</i>	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	age	Grade	

13. Experience (with Organization name and period of experience) :

SI.	Name of the post &			Per	riod	Tota	l experi	ence
No.	Name of the post & Pay Scale/ PB + GP/ Level/ Salary	Institute/ Centre	Subject area	From dd-mm-yy	To dd-mm-yy	Years	Months	Days

14. Details of family members working in Govt/ PSU etc.,

SI.	Name of the relative &		Name of the organization	Permanent/	Period			
No.		Designation	working presently	Temporary	From dd-mm-yy	To dd-mm-yy		

_ _

_ _

_ _

15. Languages known :

a. To speak :

b. To write :

c. To read :

16. Additional

information, if any:

DECLARATION

I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled/ terminated without any notice or compensation.

Place : ___

:___

Signature of the Candidate

Name (In block letters)

Date