

Application Format

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goggles/coloured
glasses

Application for the post of _____

| | | | | |
|----|---|----------------|--------------|-------------|
| 1. | Name in full (in Block letters) | | | |
| 2. | Father's name | | | |
| 3. | (a) Date of Birth | Date | Month | Year |
| | | | | |
| | (b) Age as on closing date | | | |
| 4. | Nationality | | | |
| 5. | Religion | | | |
| 6. | Contact Mobile / E-mail Address | Mobile: | | |
| | | Email: | | |
| 7. | Category (SCs/STs/OBCs (NCL)/EWSs/PwBDs/General | | | |
| 8. | Address for correspondence (in block letters with pin code) | | | |
| 9. | Permanent Address (in block letters) | | | |

10. Educational Qualifications:

| S.No. | Name of the Examination | Board/University | Year of Passing | Division/Class |
|-------|-------------------------|------------------|-----------------|----------------|
| | | | | |
| | | | | |

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|--|--|--|--|--|
| | | | | |
| | | | | |

11. Experience, if any

| S.No | Name of the organisation | Period | | Post | Salary/Pay Level | Nature of Duty |
|------|--------------------------|--------|----|------|------------------|----------------|
| | | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | |
|-----|---|--|
| 12. | Details of payment of application fees DD/IPO/Online Mode/Exempt | |
|-----|---|--|

Declaration:

I certify that the above information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted, If at any time I am found to have concealed/distorted any material/information, my appointment shall be liable to be summarily terminated without notice/compensation.

(Name & Signature of the candidate)

Date : _____

Place : _____