

APPLICATION - FORM

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1	POST APPLIED FOR:					
2	NAME	Please tick <input checked="" type="checkbox"/>	FIRST NAME	MIDDLE NAME	SURNAME	
		Mr.				
		Mrs.				
		Ku.				
3	FATHER's/HUSBAND NAME					
4.	MOTHER's NAME					
5	DATE OF BIRTH (dd/mm/yyyy)		DATE	MONTH	YEAR	
6	GENDER (Please tick <input checked="" type="checkbox"/>)		MALE		FEMALE	
7	CASTE CATEGORY (Please tick <input checked="" type="checkbox"/>)		ST	SC	OBC	OTHER
8	ADDRESS FOR CORRESPONDENCE (do not repeat name) Telephone with STD Mobile No. (Compulsory) E-mail (Compulsory)					

9	PERMANENT ADDRESS (do not repeat name) Telephone with STD Mobile No. (Compulsory) E-mail (Compulsory)						
10	NATIONALITY						
11	DOMICILE						
12	Marital Status						
13	EDUCATIONAL QUALIFICATION (From 10th onwards, enclose copy of Certificate)						
S. No.	Examination Passed	Name of Degree/ Diploma with Discipline	Marks			Board/ Univer- sity	Year of Passing
			Obtd	Out of	%		
I.	SSC						
II.	HSC						
III.	Graduation						
IV.	Post-Graduation						
V.	Computer Proficiency						
VI.	If any other Specify						
14	EMPLOYMENT DETAILS (If any, Start from Present Employer, enclose copy of Certificate)						
TOTAL POST EDUCATIONAL QUALIFICATION EXPERENCE: ...YEAR... .MONTH							
S. No.	Name of post	Name & Address of Org./Inst./Firm	Nature of Duties (Please write briefly)	Total Working Period			
				From	Upto	Total Length of Service	

15	Reason for change from Present Employment		
16	Present pay and perks		
17	DETAILS OF OTHER Extra curricular activities/Training relevant to the post (if any, enclose proof, including foreign visit)		
18	Languages Known		
19	LIST OF ENCLOSURES		
S. No.	Description of attached Certificate/testimonial	Please Tick	
		Yes	No

DECLARATION

I here by declare that all the statement made in the application are true, complete and correct in every respect to the best of my knowledge. If any of my statements are found to be false or incorrect at any stage, my appointment is liable to be cancelled/terminated.

Date:

Place:

(Signature of the Candidate)