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| --- | --- |
| **Application No:** (For official use only) |  |

**Application Form**

Paste your recent passport size photograph

1. Name of the Post Applied for: …………………………………………………….

2. Full Name of the Candidate: ………………………………………………………

(in Capitals)

………………………………………………………………................

3. Date of Birth:

Day Month Year

4. Gender: Male/ Female)

5. Marital Status: ……………………………………..

6. Father’s/Husband’s Name: ……………………………………………………………………………

7. Mailing Address (in block letters): …………………………………………………………………….

…………………………………………………………………………………………………………..

…………………………………………………………………….. Pin Code: ……………………….

Tel. No. : ……………………………………………… Mobile: ……………………………................

E.mail ID (if any): ……………………………………………………………………………................

8. Nationality: ……………………………………..

9. Whether Physical Handicapped? : Yes/No

10. Community (please tick √ ) SC ST OBC GENERAL

11. All Educational/other professional Qualifications/Training Courses etc from 10th Standard Board Examination onwards:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Level | Exam passed/ Degree | Division/Grade % of Marks | Year of Passing | Duration of the Degree/ Diploma | Board/ University | Subject | Subject of Specialistion |
|  |  |  |  |  |  |  |  |

12. Brief professional experience:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Office/Instt. Firm | Post held | Part time/ Contract Basis/ Ad-hoc/ regular/ Temp./pmt. | Exact dates to be given (indicate day, month & year) | | Total Period (in years) | | | Scale of pay | Nature of duties |
| From | To | Years | Months | Days |
|  |  |  |  |  |  |  |  |  |  |

13. Any other relevant information: ………………………………………………………………………

14. Details of enclosures: 1) ……………………………………………....

2) ……………………………………………....

3) ……………………………………………....

4)........................................................................

Name and contact details of of three referees

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the selection commission, if I am declared by them to be guilty of any type of misconduct mentioned herein.

Date: **Signature of candidate**

Place: Address: