Format for Application

Name of the Examination Passed	Year of Passing	Name of the Institute/College/ Board/ University	Subject studied/ Elective/ Branch/ Stream/ Major (Part I, Part II & Part III, etc).	Division/% of marks obtained	Medium of Instruction
8. (a) Educ	ational Qua	alifications in chronolog	gical order beginning from SS	SLC (10 th onw	ards):
7. National	ity:				
(If SC/ST	Γ/OBC/EW	S/GEN, documentary p	proof to be furnished separatel	y)	
6. Whether	SC/ST/OB	C/EWS/GEN:			
(b) Age a	us on (01.04	4.2024): Years	Months Days		
(Atte	sted copy o	of proof of age to be atta	ached)		
5. (a) Date	of Birth:	Date: N	Month: Year:		
4. Address	for corresp	ondence:			
3. Permane. Phone, fa	nt Address ax, e-mail	including:			
2. Father's/	Husband's	Name:			
1. Name in	full (in Blo	ock letters):			
Post Code	:			size photog	-
Position App	olied for :			Affix attested recent pass	
Advertiseme	nt No. :	Please refer the Advert	isement details*	A ffix	self-

(b) Professional/Technical Qualifications (If any):

Name of the Examination	Year of	Details of	Board /	Subject	Division/
Passed	Passing	Course	University	Studied	% of
			-		marks
					obtained

(A brief write-up to be given at the end indicating the relevance of past experience to the Post applied for)

9. Work Experience in chronological order, starting with the first job: -

Name & address of Employer	Period o From	of service To	Designation of post & scale of pay	Total length of service	Nature of work & level of responsibilities

- 10. Whether presently in any job. If yes then job is in Govt./PSU/Autonomous Institutions/Private:
- 11. Whether permanent/temporary/ad-hoc in the present job:
- 12. Any other information relevant:

Declaration & Certificate

I hereby declare and certify that all the statements made in this application are true and correct to the best of my knowledge and belief. If any of the particulars furnished by me are found to be incorrect or suppressed, my candidature is liable to be rejected at any stage during or after selection process. Further, I understand that, if it is found after my appointment at the Centre that the particulars furnished by me are incorrect or suppressed, my services are liable to be terminated without any notice.

Place	Signature of the Candidate
Date	Name