3.	Gender	/Guardian Name: ::	Male Female	Transgender	
4.	Date of	Birth:(DD/MM/YY)			
5.	Marital	l status:			
6.	Religion	n:			
7.	Categor	ry(SC/ST):			
8.	Nationa	ality:			
9.	ID proc	of:			
10.	Phone :	no.:			
	Alternate no.:				
11.	Email i	d:			
12.	Addres	s for communication:			
13.	Permar	nent Address:			
14.	Educat	ional Qualification(Copies may b	be enclosed as attachment):		
	xam	Subject	University/ Institute	Year of passing	Percentage/ G
15.	Details	of experience(if any)(copies may	be		
	enclosed as attachment):				
16.	Any oth	ner relevant information:			

Declarati	<u>ion</u>				
I hereby declare that the information furnished above are tr	ue, complete and correct to the best of my knowledge				
and belief. I am in possession of the documents in proof of the claim made in this application.					
Date:	(Signature)				
Place:	(Name)				