PROFORMA FOR APPLICATION

APPLICATION FOR THE POST OF LOCUM/ADHOC BASIS

1.	Name in full beginning with Surname : Shri/Smt./Kum			
	(In Block Letters)			
2.	Nationality	:		
3.	Sex (Male / Female)	:		
4. 5.	Marital Status (Married/Single/ Widower/Widow) Date of Birth (in Christian era)	:		
6.	Address in Block Letters	:		
	a) For Correspondence (with Pin Code / Tel.No. if any)			
	b) Permanent Address	:		
	c) Mobile No	:		
	d) Email ID	:		
7.	 a) Whether the applicant belongs to SC/ST (If yes, please state SC/ST) b) Please state name of SC/ST 			
	UT TEASE STATE HAITE OF SC/ST	•		

8. Educational and Professional Qualification from SSC onwards :

<u>Sr.</u> <u>No.</u>	Examination (Passed)	<u>University</u> / <u>Board/</u> Institution	<u>Year of</u> <u>Passing</u>	<u>Subjects with marks</u> <u>secured</u>	<u>Class/Grade</u> <u>& % of marks</u>
1)					
2)					
3)					
4)					
Appeared or due to appear					
5)					

ON

9. Experience (particulars of all previous and present employment are to be furnished)

<u>Name and</u> <u>address of</u> <u>employer /</u> <u>Institution</u>	Post held / Pay & scale of pay	<u>Whether</u> <u>Central/State</u> <u>Govt./Public</u> <u>Sector</u> <u>Undertaking</u>	<u>Period of</u> <u>service</u>		<u>Permanent</u> <u>or</u> Temporary	<u>Reason</u> <u>for</u> leaving
			From	То		

- 10. Area of Specialisation
- 11. Details of relative employed in D.A.E. or its Constituent Units:-

<u>Sr.</u> No.	<u>Name of relative</u>	<u>Relationship</u>	<u>Unit in which</u> <u>employed</u>	Post held

- 12. Any other information you may wish to add :
- 13. List of documents (as per checklist) to be attached to the application :

(Signature)

Date :	
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Place : _____

: 3 :

CHECKLIST FOR THE CANDIDATES (TO BE ATTACHED TO THE APPLICATION)

Put **[X]** in the applicable box

1.	Single copy of application completed and attached]
2.	Photograph pasted]
3.	Application signed by applicant				
4.	An attested copy of each of following certificate is attached				
a]	Date of Birth	[]	b] SC / ST Certificate	[]
c]	Physically handicap	[]	d] Educational & professional qualification	[]
e]	Experience	[]	f] Checklist attached	[]

Date _____

Signature_____