

PROFORMA FOR APPLICATION

PHOTO

**APPLICATION FOR THE POST OF SCIENTIFIC ASSISTANT/B ON
LOCUM/ADHOC BASIS**

1. Name in full beginning with Surname : Shri/Smt./Kum. _____
(In Block Letters) _____
2. Nationality : _____
3. Sex (Male / Female) : _____
4. Marital Status (Married/Single/
Widower/Widow) : _____
5. 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 : _____
8. Educational and Professional Qualification from SSC onwards :

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

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

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

10. Area of Specialisation

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

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

12. Any other information you may wish to add :

13. List of documents (as per checklist) to be attached to the application :

(Signature)

Date : _____

Place : _____

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 _____