Project: Empowering People Against Hepatitis"The Empathy Campaign"

(ILBS – AAI Initiative)

		Application Form			
Арр	lication for the post o	of		pas	your recent sport size otograph
1.	Name in block letters	:Dr./Mr./Ms./Mrs			
		First	Middle		Last
	Gender	: (Writ	e 'M' for Male; 'F' f	for Female)	
	Marital Status	: Married / Unmarried / Wid	dow / Divorcee		
4.	(a) Permanent address	:			
		City/District:			
		Pin:	Phone/Mob.:		
	(b) Postal address	:			
	(For correspondence)				
	(101001100)	City/District:			
		Pin:	Phone/Mob.:		
		Email:			
5.	Date of birth	:			
			documentary evide		
6.	Are you				
	(a) A citizen of India by birth	and or by domicile:	Yes () No ()
	(b) Person of Indian origin	:	Yes () No ()
	(c) Holding dual citizenship	:	Yes	J No ()
7.	Do you belong to any of the f				
	(Please annex documentary e	evidence)			
	(i) UR / SC / ST / OBC / Ex				
		ore disability) suffering from:			
8.	Father's/ Husband's name	:			
		First	Middle	La	ast

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9. Educational Qualifications (matriculation onwards) (if required, attach extra sheet):

S.	Month & Year				Name of Degree		Name of Institution and Location		Name of University		
No.	From To		/Diploma/Certificate								
	10. Work Expen	rience (Sta	rt from	most	recent appoir	ntment/jo	b) (if req	uire, attach ext	ra sh	neet):	
S. No.	Organization	Name	Date of		Date of Leaving	Position	n Held	Nature of Jol (Temporary/ Permanent /contractual		Scale of Pay/ Total Emoluments	
11. References (Name, designation, address and telephone/mobile number): i.											
	ii										
					<u>Declar</u>	ation					
I hereby declare that all statements made in this application are true and complete to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligibility being detected before or after the test, interview, and joining, my candidature will stand cancelled and all my claims of the recruitment will stand forfeited.											
D	ate:	SIGNATURE OF THE APPLICANT									