APPLICATION FORM

1.	Name of the P		Paste your recent passport size photograph								
2.	Full Name of (in Capitals)										
3.	Date of Birth:										
4.	Day Month Year Gender: (Write '1' for Male, '2' for Female '3' for Transgender)										
5.	Marital Status:										
6.	Father's/Husband's Name:										
7.	Mailing Address (in block letters):										
		Pin Code:									
	Tel. No.:										
	E.mail ID (if any):										
8.	Nationality:										
9.	Whether Physical Handicapped? : (Write '1' for Yes, '2' for No)										
10.	Category (please tick $\sqrt{}$) SC ST OBC GENERAL EWS										
11.	All Educations Examination of	•	sional Qua	alifications/Trainin	g Courses etc from	10 th Standard	Board				
Level	-		Year of Passing	Duration of the Degree/ Diploma	Board/ University	Subject	Subject of Specialistion				

12. Brief professional experience:

Office/Instt. Firm	Post held	Part time/ Contract Basis/ Ad-hoc/ regular/			Total Period (in years)			Scale of pay	Nature of duties
		Temp./pmt.	From	To	Years	Months Days			

13.	Any other re	levant info	ormation:								
14.	Details of en	of enclosures: 1)									
	2)										
			3)		• • • • • • • • • • • • • • • • • • • •						
I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Department/ Employer, in writing that I am applying for this selection.											
Date:					:	Signatu	re of car	ndidat	e		
Place:						Address	:				