

Application for the post of Programme Coordinator (DeLCON Project)

(Advt. No. Acad/09/2020)

1. Position applied : _____
2. Full Name in Capitals : _____
3. Date of birth : _____
4. Date of retirement (if applicable): _____
5. Gender : _____
6. Category : _____
7. Marital status : _____
8. Nationality : _____
9. Address for communication : _____

10. Contact numbers (landline and mobile): _____
11. E-mail ID : _____

A copy of
colour
photograph

12. Details of educational qualifications starting from 10th Class onwards:
(Attach copies of certificates)

| Qualification | Board/ University | Date of Commencement | Date of Passing | % Marks | Class / Division |
|---------------|-------------------|----------------------|-----------------|---------|------------------|
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13. Details of work experience:

| Designation | Name of Organization | Length of experience | | Total emoluments | Remarks |
|-------------|----------------------|----------------------|----|------------------|---------|
| | | From | To | | |
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DECLARATION

I hereby declare that all statements made and information furnished in this application are true and complete to the best of my knowledge and belief. I also declare that I have not concealed any material information which may debar my candidature for the position applied for. In the event of suppression or distortion of any fact or educational qualification, etc. made in my application form, I understand that I will be denied selection and if already selected to the said position in the Institute, my services will be cancelled / terminated forthwith.

Signature of the candidate

CERTIFICATE

(To be filled up by the Head of Organization / Institution of the applicant if currently employed)

Forwarded with the remarks that the facts stated in the above application have been verified and found correct and this Institution / Organization has no objection to the candidature of the applicant being considered for the post applied for. It is certified that no vigilance / disciplinary case is pending or contemplated or initiated against the official. The integrity of the official is beyond doubt.

Signature.....

(Head of the Institution / Organization with seal)

Designation.....

Address.....

File No

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Code No.....

Date

Tele No.....