



## App. Sr. No. \_\_\_\_\_

# Application Form

(To be filled in CAPITAL letters)  
(Candidates are advised to go through the Eligibility criteria & Instructions carefully)

Please affix your  
passport  
size **latest**  
**self signed** coloured  
**photograph** here

Post Applied For ( Separate form to be filled for each post. Leave one column blank after each word )

[illegible]

Place of deployment (Separate form to be filled for each post. Leave one column blank after each word )

[illegible]

Name of the Candidate (Leave one column blank after each word )

[illegible]

Father's Name ( Leave one column blank after each word. Donot prefix Sh or Ms or Mr or Er or Dr etc.)

[illegible]

Date of Birth (DD/MM/YYYY)

|  |  |   |  |   |  |  |  |  |
|--|--|---|--|---|--|--|--|--|
|  |  | / |  | / |  |  |  |  |
|--|--|---|--|---|--|--|--|--|

Gender (Tick the relevant column )

|      |  |        |  |                             |  |
|------|--|--------|--|-----------------------------|--|
| Male |  | Female |  | Category (SC/ST/PWD/other ) |  |
|------|--|--------|--|-----------------------------|--|

Address for correspondence( Leave one column blank after each word ) :-

|                   |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|
|                   |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |
|                   |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |
| <b>Tehsil =</b>   |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |
| <b>District =</b> |  |  |  |  |  |  |  |  |  |  |  |                 |  |  |  |  |  |  |  |
| <b>State =</b>    |  |  |  |  |  |  |  |  |  |  |  | <b>Pin Code</b> |  |  |  |  |  |  |  |

|                |  |  |  |  |  |  |  |  |  |            |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|
| Aadhaar Number |  |  |  |  |  |  |  |  |  | PAN Number |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|------------|--|--|--|--|--|--|--|--|

Email-id

[illegible]

STD Code

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Landline Phone Number

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

|                     |  |  |
|---------------------|--|--|
|                     |  |  |
| Mobile Phone No(s). |  |  |

[illegible]

Educational Qualification - 10th class onwards (Attach attested copies of the certificates): -

| Sr. No. | Qualification   | Name of the Board / University / Institution | Regular Course ( Yes / No ) | Year of Passing | % Age / Grade |
|---------|-----------------|----------------------------------------------|-----------------------------|-----------------|---------------|
| 1       | Matric/Class 10 |                                              |                             |                 |               |
| 2       | Class 12        |                                              |                             |                 |               |
| 3       |                 |                                              |                             |                 |               |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

Other skills, if any:

| SN. | Type of skill | Yes/No | Institute from where acquired | Duration of skill |
|-----|---------------|--------|-------------------------------|-------------------|
| 1   |               |        |                               |                   |
| 2   |               |        |                               |                   |

Brief description of requisite post qualification experience (Attach attested copies of the exp. certificates):

| SN. | Name of the organization | Name of the post held | Date From (DD/MM/YY) | Date To (DD/MM/YY) | Total Duration (Yrs / Mths) | Brief description of duties |
|-----|--------------------------|-----------------------|----------------------|--------------------|-----------------------------|-----------------------------|
| 1   |                          |                       |                      |                    |                             |                             |
| 2   |                          |                       |                      |                    |                             |                             |
| 3   |                          |                       |                      |                    |                             |                             |

(Please attach separate sheet, if required)

Total Experience in years & months: \_\_\_\_\_

**Verification :**

1. Certified that I am not involved in any criminal activity and no criminal case is pending against me in any court of law in India and my services have never been terminated by any institution Govt./Private on any account.
2. If at any time, it is found that I have given incorrect or manipulative information/documents then my services are liable to be terminated without giving any notice or compensation.
3. I have satisfied myself regarding my eligibility with regards to the prescribed essential qualification, post qualification experience, if any, age etc. required for this post.
4. I affirm that I have not been barred from participating in any NIELIT recruitment exam
5. Certified that all the information furnished above by me is correct to the best of my knowledge and nothing has been concealed therein.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ (Signature of the Candidate)

( Note: Please write your name & post in Capital letters and mobile number on the back of bank draft/pay order )

|                  |                       |
|------------------|-----------------------|
| DD / PO Amount : | DD / PO/ POS Number : |
| Bank Name :      | DD / PO / POS Date :  |
| DD / PO Issuing: |                       |
| branch address : |                       |

-----  
(For office use only)

**Application Form & Testimonials checked by :-**

Name : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_