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| 1.  | Advertisement No./Date:   | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 2.  | Name in Applicant:<br>(in full Block Letters):  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> |
|     |   | D D M M Y Y Y Y   |
| 3.  | Date of Birth:<br>(enclose Copy of Certificate)   | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 4.  | Citizenship Status :<br>(Please Tick)   | Citizen of India By Birth <input type="checkbox"/> By Domicile <input type="checkbox"/>   |
| 5.  | Aadhaar No:   | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 6.  | RCI/MCI Registration No:<br>(Applicable in case of Faculty<br>& Technical Positions)  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>   |
| 7.  | Name of Father/Spouse:  | <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>                                     |
| 8.  | Nationality:  | Indian <input type="checkbox"/> Foreign <input type="checkbox"/> NRI <input type="checkbox"/>   |
| 9.  | Gender:   | Male <input type="checkbox"/> Female <input type="checkbox"/> others <input type="checkbox"/>   |
| 10. | Category :<br>(Attach certificate)  | SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> General <input type="checkbox"/> Ex-Service man <input type="checkbox"/>   |
| 11. | Are you Persons with Disability: Yes <input type="checkbox"/> No <input type="checkbox"/><br>(If yes, mention the category of<br>Disability with relevant Certificate ) | OH <input type="checkbox"/> VI <input type="checkbox"/> HI <input type="checkbox"/> others <input type="checkbox"/>   |

[illegible][illegible][illegible][illegible][illegible][illegible]

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[illegible][illegible][illegible][illegible]

14. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.)

[illegible]

15. Experience in chronological order upto the present post:  
(Attach a separate sheet if required)

[illegible]

16. Why you think you are suitable for the post you have applied for (Details within one page):

17. Reference of three persons with whom you have interaction during your work or study period)

S.No	Names, Designation and Address with Phone No & Mail ID
1	
2	
3.	

18. Any other relevant information the applicant want to mention, if any (attach additional sheets if necessary):

#### DECLARATION OF THE APPLICANT

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place : 

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Date : 

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Signature of the Applicant