## FORMAT OF APPLICATION

	ertisement No.		:											
Position Applied for														
	lied for Institute		:											
	ils of Demand I		:	Amou										
DD No. DD Date Drawn on Bank														
1	Name in full (in	n Block Le	tters)											
2	Father's/Husband's Name													
3	Gender & Marital Status												A	Affix self
4													atte	sted recent
4 Permanent Address including Pin code					:								pas	sport size
													ph	otograph
5 0 1 11 11					:									
5	1													
	Pin code													
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6 Contact details (Phone No. & Email ID)					:									
							1							
7	(a) Date of Birth					Date			Month			)	'ear	
	(Self attested copy for proof of age to be attached)  (b) Age as on last date of receipt of					Year			Months	,		Г	ays	
	application					Tear			MOHUIS	<b>'</b>		1	ays	
8	Nationality									<u> </u>		I		
9	Religion													
10	- C													
10	(a) State your category (Gen/SC/ST/OBC/Ex-Serv) (attached certificate)													
	(b) Whether belongs to PwD (Yes/No)							If	yes, VH/	нн/он				
	(If yes, attach self attested copy of certificate)								With % of disab					
11				:	Date	of Reg.		Reg. No.			Name of Council		ncil	
(If yes, attach copy of certificate)			•						1101110					
12	Educational Qu	ualificatior	ıs begi	nning with 10	)th	wards	(Atta	ched co	pies of r	nark sheet	& certi	ficates	)	
Examination Passed Year of Marks deta			arks details		% of	Div/	Board		/	College/Institution		Subject Taken		
		passing	Max Marks		r	narks	Class	Ţ	Universi	ty				
			mark	ks obtained										
13	Professional /	Technical	Qualifi	cations (Atta	che	d copie	es of m	ark sł	neet & ce	ertificat	es)			
Examination Passed Year of Marks details						% of			Board /		College/Instituti		n Subject Taken	
Examination russea		passing	Max			narks	Class		University		- 3-7			,
			mark											
14	Work Experier	aca (Latas	t firct	& proof of on	ch c	vnorio	nco to	ho at	tachod)					
						xperie	iice to			-1		Matrix	C	ork and level
Name and address of Designation Scale of pay & Organisation & Job Type Grade Pay				2				riod of Service				of responsibilities		
0.9000			(Regular/ /		d	Fro	m	T	То	Year	Month			
		Contr	act)	<u>,                                      </u>										
												<u> </u>		
15 Professional training undergone if any														
Professional training undergone, if any, and details thereof					:									
16 Any other relevant information that you					:									
may like to furnish														
					<u> </u>					1 11 1				
	eby declare tha													
givei	n by me in this	applicatioi	n are fi	rue, complete	ar:	ıa corr	ect to 1	ine be	est of my	v knowl	eage and I	benet. D	i the e	event of anv

I hereby declare that I have read the provisions given in the advertisement and all the statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect or suppressed before or after the test/interview or during the appointment period, my candidature/appointment shall automatically stands cancelled/repatriated/ terminated without any notice or compensation.

Date: -

Signature of the Candidate

Place: -