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## APPLICATION FORM

S. No. \_\_\_\_\_ Application for the Post of \_\_\_\_\_

Category:

SC

ST

OBC

GEN

EWS

EXM

1. Name of the Applicant (in CAPITAL words): \_\_\_\_\_

2. Sex: Male  Female  Others

3. Marital Status: Married  Unmarried  Divorced/ Widow

4. Father's Name : \_\_\_\_\_

5. Name of the Spouse : \_\_\_\_\_

6. Date of Birth \_\_\_\_\_

7. Age as on \_\_\_\_\_:

Days	Months	Years
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8. Address for Communications : \_\_\_\_\_

: \_\_\_\_\_

Mobile No.:

Email:

9. Permanent Address: \_\_\_\_\_

\_\_\_\_\_

PIN: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No.: \_\_\_\_\_

10. Nationality :

11. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & marksheets)

Examination	Subjects	Board/ Council/University	% / Division	Month & Year of Passing
Xth (SSLC/HSC)				
XIIth (PUC – II / HSSC)				
Diploma				
Degree				
Post Graduation				
Others (M. Phil/ Ph. D)				

12. Current Activities:

\_\_\_\_\_  
\_\_\_\_\_

13. Experience: (Enclose copies of Work Experience Certificates)

Name of the Organization/ Institution where worked and Place	Status of Organization (Central/State/ Autonomous/ PSU)	Name of the Post held	Whether permanent /contractual	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
				From	To		

(Use separate sheet if space is inadequate)

14. Knowledge of computer applications, if any, please attach the certificate/diploma/degree:

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15. Details of publications with impact factor, if any:

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16. Name and address of two referees well known with the applicant's work:

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

17. Any other information you wish to add:

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18. Check List: All Certificates must be attested and be attached in the following order:

- (i) Certificate in support of age (High School Certificate).....
- (ii) Degree/Diploma .....
- (iii) Experience Certificate .....
- (iv) Caste certificate (If any) .....
- (v) Documents relating to retrenched Govt. Employees/Departmental .....  
(Including Projects)

DECLARATION

I, declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place: .....

Date: .....

(Signature of the applicant)  
Full Name: