

1. Name of the Contract Post applied For : _____
2. Name of the Project : COVID-19 CONTRACT POSITIONS
3. Name in full (IN BLOCK LETTERS) : _____
4. Name in full (in Devnagari script) : _____
(Surname) (Name) (Father/Husband)
5. Mother's Name : _____
Father's Name : _____
Husband's Name : _____
6. Address for Correspondence : _____

Mobile No: _____ E-mail ID: _____
7. Permanent Address : _____

8. Date of Birth :

DD / MM / YYYY		

Age as on 30/07/2020: _____ Years _____ Months
9. Whether SC/ST/OBC/General : _____ Caste: _____
10. Whether Physically Handicapped : Yes/No _____ If Yes percentage of disability _____
Type of disability _____
11. Marital Status : Married / Unmarried/ Divorced/Widow
12. Educational Qualifications (SSC Onwards) (attach additional sheet if required):

SR. NO.	EXAM PASSED	GRADE	YEAR OF PASSING	BOARD/ UNIVERSITY	SPECIALIZATION
1					
2					
3					
4					
5					
6					

13. Work Experience starting from latest (Total Experience _____ Years _____ Months) :

SR. NO.	PERIOD		POST HELD & SCALE OF PAY	NAME OF THE EMPLOYER	REASON FOR LEAVING
	FROM	TO			
1					
2					
3					
4					

14. Employment Exchange Registration details, [if available]: No.: _____ Exchange: _____
15. If selected what period would you require joining the post: _____
16. Have you ever been declared unfit by a Medical Board/Court for appointment in any Govt. service?
_____ Yes / No _____ (If yes, details) _____

I hereby declare that the particulars furnished in this form by me are true to the best of my knowledge and belief. If any of the above information is found to be incorrect or misleading, I am liable to be disqualified for the recruitment process.

Date: _____

Place: _____

Signature of the Candidate