APPLICATION FORMAT

	APPLICATION FOR THE POST OF			(SI. No)				
						Р	AFFIX SELF TTESTED LATEST ASSPORT SIZE OTOGRAPH	
1.	Name of th	e Candidate I letters)		:				
2.	Father's Name							
3.	(Documentary evidence to be attached)							
4.	Age as on o	date of interview		:				
5.	Whether SC/ST/OBC/PH (Documentary evidence to be attached)							
6.	Correspond	dence Address		:				
7.	Permanent	Address		:				
8.	Email Address			:				
9.	Phone No /	Mobile No.:		:				
10.	Nationality			:				
11.	Educationa	l Qualifications (star	ting from SS	SLC ti	ll date) (Attac	h Certificate /	document)	
Name of the Exam		Name of Board/ University	Class / Division	Pe	rcentage (%)	Year of passing	Subject/s taken	

				Period	
Organization		Designation	Date of Joining	Date of leaving	Nature of work done
L 4. Name	e and addre	ess of two reference	es:		
i.					
ii.					
		<u>Declar</u>	ation		
·		at all the statemen ge and belief. I also		•	•
	_	ent (central/state/a law for any offenc		-	
false/incorrec	t/ineligibilit	y being detecto	ed at any	time before	or after the
		intment, action may I further declare tha			•
I fulfil all the	condition	s of eligibility rega	arding age limi	t, educational q	ualifications etc.,

Date:

Signature of the candidate