AFFIX RECENT PASSPORT SIZE SIGNED PHOTOGRAPH

APPLICATION FORM

(Please do not change the sequence of this form. If any Passing Certificate and Mark List not attached with your application, it may be rejected. Application should be submitted in this format only, otherwise, it will not considered)

Name o	of the Project:			
Name o	of the Post:			
Post co	ode:			
1.	Name of the Candidate (Block letters):			
2.	Name of the Candidate (□□□□□):			
3.	Father's/Husband Name:			
4	Sex: Male/Female/Transgender:			
	Sext Marcy Terrial of Transperiae T			
5.	Date of Birth (Please attach documentary prod	of):		
6.	Age as on last date of submission of application:	Years	Months	Davs
				,
7.	Marital Status:			
8.	Permanent Address:			
9.	Correspondence Address:			
10.	. (i) E-mail Id:			
	(ii) Mobile No Alter	ilate (Kelatives) Mobi	ile No	
	(iii) WhatsApp No			
11	. Whether SC/ST/OBC/GEN (Documentary evide	ence to be attached)		
11.	. Whether 30,31, ODC, GEN (Documentary evide	mee to be attached)		
12.	. Nationality:	12a) Blood Group		

13				on:- (Please attach photoc riculation/ 10 th & onwards		d certificates,	
S. No.	Name of the Examination Passed		Subjects	Name of Board/ University	Year of Passing	% of Marks GP/Division	
1	SSC (10 th)						
2	HSC (12 th)						
3	B.Sc.						
4	M.Sc. ()						
5	Ph. D.						
6	Any Other						
14 S. No.	Experience (particul proof, if not it will no	ot conside		ent employment) if any:- (Please attach	documentary	
	Name of the organiza		1 ost/position field	(From / To)	Salary	Kemarks	
1							
2							
3							
	(Please attach the co	ppies)					
			DECLARATION				
IC <i>A</i> fal by	Iso declare that (i) I have not AR service. (ii) I have not se/incorrect/ ineligibility be the decision of the employ	ever been been convi eing detecte yer. I furthe	punished or debarred for cted by a court of law ed at any time before after er declare that I have ro	ue, complete and correct to the rom government (Central/ State of for any offence. In the event ter selection, action may be take ead the Advertisement carefully tion etc., prescribed for the confidence.	e) autonomous Or of any informati en against me and and I declare th	rganizations and ion being found I shall be bound at I fulfill all the	
Date:				Signature of the A	Signature of the Applicant:		
Pla	ace:			Name:			