PUNJAB REMOTE SENSING CENTRE (A Govt. of Punjab Enterprises) PAU Campus, LUDHIANA- 141004

1. Post Applied For

2. Advertisement No.

RECENT PASSPORT SIZE PHOTO

Accounts Officer (Advt. No. 07/2021)

APPLICATION FORM

| 3. | Detail of application fee | : | DD No./UTR/Transaction Ref. No | | | | | |
|-----|---|----------|--------------------------------|------------|----------------|--|--|--|
| | | | Date | Rs | | | | |
| 4. | Name in Full (In Capital letters & underline Surna | : me) | | | | | | |
| 5. | Name of Father/Husband | : | | | | | | |
| 6. | Address for Correspondence: | | | | | | | |
| | | | | | | | | |
| | | | | Pin | | | | |
| 7. | Email Address | : | | | | | | |
| 8. | Phone Number (Mob. & Landline) | : | | | | | | |
| 9. | Date of Birth | : | | | | | | |
| 10. | Nationality | : | | | | | | |
| 11. | Whether SC/ST/OBC (Attach Proof) | : | | | | | | |
| 12. | Married / Single : | | 13. Mal | e/Female | | | | |
| 14. | 14. Educational Qualifications (Starting from Xth):- | | | | | | | |
| Ce | ertificate/Degree College Univ./Institute | | Year of Passing | % of Marks | Class Obtained | | | |
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| Certificate/Degree | Certificate/Degree College Univ./Institute | | Year of Passing | | % of Marks | | Class Obtained |
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| 16. Professional E | xperience (Previous | Emplo | oyment) re | lated wit | h the post | (if | any) |
| Organization | ganization Position Held | | Date of Joining D | | Leaving | Salary Drawn | |
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| 17. How in your op | inion do you meet th | ne job | requireme | nt as ad | vertised:- | | |
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| of employers with e | email address and p | hone | number:- | | | | |
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15. Professional Qualifications:-

DECLARATION

I affirm that the information given in this application is true and correct to the best of my knowledge and belief. I also fully understand that if at any stage it is discovered that an attempt has been made by me to willfully conceal or misrepresent the facts, my employment may be terminated along with any other legal action deemed fit under the law.

| Date: | |
|--------|----------------------------|
| Place: | |
| | Signature of the Applicant |

| List of enclosures (Self attested copies of all the certificates | should be attached): |
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| 10. | |
| | Verified by PRSC authorized signatory |
| | Signature: Name: |
| | Designation: |
| | Dated: |
| | |