Annexure-I

N	Iame	e of the Post Applied for :			pas	Affix Recent ssport size Colour otograph	
	1.	Name of the candidate (in Blo	ock letters):				
	2.	Address for communication:					
		Contact No.:					
		Email ID:					
3.		Permanent Address:					
		Contact No.:					
		Email ID:					
	4.	Identity proof submitted, with	h details:				
	5.	Eligibility criteria/documents	submitted:				
	Sl. No.	Eligibility criteria		Details	Documents attached (Yes/No)	Verification (Office purpos only)	e
	i.	a) Date of Birth	a)				
		b) Age (as on last date)	b) years; months; days;				

Sl. No.	Educational qualifications		Name of the University/ Institute.	Year of Passing.	CGPA/ OGPA/ Percentage obtained.	Documents attached (Yes/No)	Verification (Office purpose only)
6.	Details of previou	s training/ex	perience(if any):			
Sl. No.	Area of	Experi	ence details]	Period	Documents attached (Yes/No)	Verification (Office purpose only)
NO.	Experience/ Training	Position held (Employee/ Trainee)	Name of the Institution.	From – To	Years & Months.		

Declaration

I hereby declare that I have read the notification for selection of Technical Analyst (Chemistry/ Microbiology) and the details given above and the supporting documents submitted are true & valid to the best of my knowledge.

Place :	Signature :
Date:	Name: