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APPLICATION PROFORMA

Advt. No. _____

Name of the Course : _____

(1) Name in full [IN BLOCK LETTERS] :

(2) Date of Birth : _____

(3) Sex : _____

(4) Marital Status : _____
(In case of married female, attach attested copy of marriage certificate)

(5) Parent's /Spouse name : _____

(6) Nationality : _____

(7) Address for correspondence with pin code:

(8) (i) Telephone No. _____

(ii) Mobile No. _____

(iii) E-mail _____

(9) Permanent Address with pin code:

(10) If SC/ ST/ OBC/ Physically handicapped attach certificate issued by Competent Authority:_____

Educational qualifications:

Name of Degree	Institute / College	Board / University	Subjects	Month & Year of passing	% of Marks	No. of Attempts

(11) **Experience (Including details of present employment):**

Name of the employer	Post held & Salary	Date		Nature of work
		From	To	

(13) **Notice required for joining the post** : _____

(14) **Any other information you wish to add** : _____

(15) **List of documents attached:** _____

(16) **Declaration:** I hereby declare that all the information and particulars given by me in this application are true and correct to the best of my knowledge. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.

Place:

Date:

SIGNATURE OF THE CANDIDATE

NOTE : INCOMPLETE APPLICATIONS WILL BE REJECTED