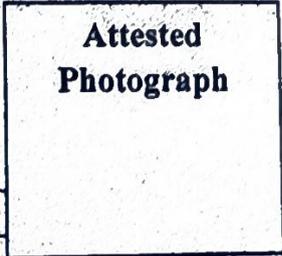


HARYANA STATE AIDS CONTROL SOCIETY



Application for the post of _____

- 1. Name of the candidate : _____
- 2. Father's/Husband Name : _____
- 3. Sex : MALE/FEMALE
- 4. Date of Birth : _____
(DD/MM/YYYY)
- 5. Category to which belong : _____
- 6. Telephone/Mobile No. : _____
- 7. Email ID : _____
- 8. Permanent Address : _____

- 9. Correspondence Address : _____

10. Educational/Profession Qualification:-

Examination Passed	Board/ University	Year of Passing	Maximum Marks	Marks Obtained	%age of Marks	Division	Subject
10 th							
10+2/Vocational/Intermediate							
Graduation							
Post Graduation							
Any other course/Diploma							

11. Total Experience : Year(s) _____, Month(s) _____ Day(s) _____

Name of Institution /Organization	Designation	From	To	Pay/Salary/Honorarium p.m	Total Period

12. Detail of Documents attached : _____

13. Declaration : I hereby declare that :

- i) All statements made in this application from are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or ineligibility being detected before or after the interview/written test/section/appointment, my candidature may be cancelled and action can be taken against me by the committee.
- ii) I have read the provisions in advertisement of the omission carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, education qualifications etc. prescribed in the advertisement and other relevant rules and instruction.
- iii) I have never been convicted by criminal court.

Date : _____

Place : _____

Signature of Candidate