APPLICATION FORM

1. Name of the post Applied for   :
2. Name of Candidate (in Block Letter) :
3. Gender   :
4. Date of Birth   :
5. Father's Name   :
6. Mother's Name   :
7. Marital Status (Married/Unmarried):
8. Present Address for correspondence :
9. Permanent Address   :
10. Phone Number/Mobile Number:
11. Email Id   :

Recent photo

12. Details of Qualification

S.No.	Degree	% of Mark	Year of Passing	Board/University

13. Details of Experiences

S.No.	Designation	Institute/Name of the employer	Period	Reason for leaving

14. Have you ever been declared unfit by a medical board/court for appointment in any government service? (Yes/No) ....If yes, details...
....
15. If selected, within what period would you require for joining the post:......................

Declaration

     I hereby declare that information given above is true and correct to the best of my knowledge. In the event of any information being found incorrect/false, my candidature/services are liable to be terminated.

Place:
Date: **Signature of Candidate**