APPLICATION FORMAT

Affix recent Passport size photograph of the applicant duly self attested across

App	lica	ation	for the Post	of						
1	1.	Nam	e							
2	2.	Fathe	er's Name							
3	3.	Moth	ner's Name							
2	4.	Posta	al Address							
5	5.	E-ma	il Address							
6	5 .	Date	of Birth							
7	7.	Cont	act No.	Landline		Mob. No.				
8	3.	Category		Gen SC/ST/OBC PWD						
g	9.	Sex (Please mark v)	1. Male	2. Fema	le 3.	Third G	iender		
1	10	Ident	ity Proof							
1	11	Educ	ational Qualifica	tion(with details):					
		S. No.	Degree in Chronological Order	Specialization	University / Board	Year of Passing	% age of Marks	Any other information		
		1								
_		2								
_		3								
_		4								
_		5								

	S. No.	_	Position held	Period	Period		Any other information
				From	То		
	1						
	2						
	3						
	4						
	5						
13.		wledge of					
14.	Any other Information						
	on. T	Γhe Originals d	copy of all Cer locuments to be p				ne time of submission view.
		gned, certify tl	hat to the best of	my knowle	dge and	belief, the	information provided by
			ful mis-statemen	t described	herein	may lead	to my disqualification
		ngaged.					
	, if e	· ·					