APPLICATION FORM (USE CAPITAL LETTERS, LIMIT INFORMATION TO BOXES ONLY)

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1. POST A/F			2. CATE	GORY (Please tick	() S(ST	OBC	EXS	GEN			
3. NAME				4. Parent's Nam	е						A 55°	
5. Mailing				-			1				Affix Small size	
Address					6. State of Domicile						photograph	
			7. E-Mail id					3 x 3.5 cms				
		Pin code										
							_					
8. Date of Birth	Date Month	Year 9. Age as on 31.0			2.2010 Year Month Da			10. Contact.			. No (Tel/Mobile)	
11. Qualification: (Academic, Technical, Professional and computer related, if any (Class Xth onwards)				% of marks obtained		Month and Year of passing			Name of University/Institute		Subjects	
12. APPRENTICES	HIP TRAINING: - Whe	ther undergone App	prenticesh	ip Training in Math	ura Ref	inery YES	NC) []	F YES YE	4R:		
13. Post Qualificati	on Experience: (Othe	er than Apprentice:	ship Peri	od/training)								
Name of Company Organisation where working/worked		Duration of Experience			Number of				Type of assignments handled/specific nature of work/duty performed (attach			
		From date To date		te Ye		rs Month		additional sh			ts if required)	
NOTE: - Please atta	ach your attested cop	ies of Certificates	/ testimo	nials with the app	lication) .						
14. Application Fee	narticulars:											
DD No.		Branch and code no Name of Issuing Ba							Date	of issue		
		ed above are comp	lete and o								age, it is found that the cancelled.	

Signature:____

Place:_____

Date: _____