

Candidates to affix <u>recent</u> passport size <u>colour</u> Photograph

# APPLICATION FORMAT

(To be filled by the candidate in his/her own handwriting in capital letters with **black/blue pen**)

Advertisement No

Sign here (in the box) —

1	Name of the Post																						
2	Name of the Candidate (As recorded in the Matric / Secondary School Certificate)																						
3	Mother's Name																						
	Father's Name																						
4	Postal Address for Communication (with PIN Code)														Р	I	N						
5	e-mail ID		i	I	i	i	i	i	i <u> </u>				<u> </u>						i	i	ii		
6	Mobile No																						
7	Date of Birth	D	D	М	М	Y	Y	Y	Y														
	Age as on 13.01.2017	Y	ears				8	Mo	onth	3						Da	ys						
8	Gender (please tick)		M	ale			Fen	nale								-							
9	Category (General / SC / ST / OBC) – please tick	Gl	EN	S	C	S	Т	O	BC														
10		Persons With Disabilities																					
	For PWD Candidates	Pe	rson	s Wi	th D	isab	ilitie	s															
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# 14 ALL EDUCATIONAL QUALIFICATION (MATRIC/CLASS 10<sup>th</sup> ONWARDS)

Qualification :	Name of Board / Institute	Duration	Month a	nd Year	Aggregate
(Academic, Technical, Professional &		of Course	Joining the	Joining the	% of Marks
Computer related, if any)		(in years)	course	course	Obtained

## 15 DETAILS OF EMPLOYMENT, IF ANY

Name & Address of	Post Held	Period o	Salary per Month	
Employer		From	То	

### 16 APPLICATION FEE DETAILS (Other than for SC/ST/PWD CANDIDATES)

Name of issuing bank	DD No	Amount	Date of Issue	Payable at

### 17 LIST OF DOCUMENT ATTACHED WITH THIS APPLICATION:

S1	Particulars of self attested documents/ Fees	Attached (Yes/No/NA)
1	Date of Birth (10 <sup>th</sup> pass certificate)	
2	Educational qualifications (10th onwards and of all semesters)	
3	Application fee DD (other than for SC/ST/PWD)	
4	SC/ST/OBC Certificate, if applicable	
5	PWD Certificate, if applicable	
6	NOC from previous employer, if applicable	

I hereby declare that I have read all the conditions mentioned in the advertisement and I fulfill the same. The statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular or information given herein being found false or incorrect, my candidature is liable to be cancelled and in the event of any misstatement/ discrepancy in the particulars being detected after my appointment, my service is liable to be terminated without any notice to me.

Date

Place

Signature of Candidate