APPLICATION FORMAT

(USE CAPITAL LETTERS, LIMIT INFORMATION TO BOXES ONLY)												ī
Post applied for											A CC	
Category (please tick)	sc	ST	ОВС	GEN	EX-SI	VI PI	1				Affix latest Passport	
Name (in block letters)										Size Photograph		
Father's name												
Postal Address with Pin Code Number												
State of Domicile	Contact Tel. No. Mobile No.											
Email-id (to be valid for 6 months)												
Date Date of Birth	Month Year Age as on 31.12.2011											
Qualification: (Academic, Technical or Professional Qual – from class 10 th onwards)	Duration of Course (in years)		Whether Regular Course (Yes/No)	obt	rks tained	Total Marks	% of marks obtained		Month & Year of Passing		Name of University/ Institute/Board	
Post Qualification Experience as on 31.12.2011												
Name of the Company / Organisation where worked / working					Number of			Type of Assignments Handled / specific nature of work / duty performed				
worked, working		From	-	Го	Years	Monti	hs		uutj	Poric		
DD No.						Name		e of Issuing Bank				
Date of Issue				c	ode No	. of the	Issu	ing Ban	k			
I hereby declare that the particulars furnished above are complete and correct to the best of my knowledge and belief. I understand that if at any stage, it is found that the information given in the application is false or incorrect or I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled.												

Date ______ Place _____ Signature _____