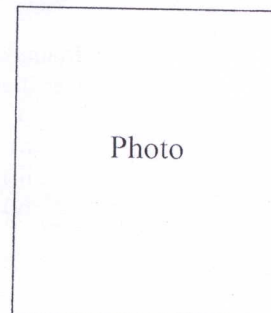


APPLICATION FORM

- 1 Post Applied _____
- 2 Amount of application/processing fee & Bank Draft No _____ dated _____ ₹ _____
- 3 Full Name (In Block letters) _____
- 4 Father's/ Husband's Name _____
- 5 Correspondence Address with Pin code (in Block letter) _____
Mobile/ Phone Number with STD code, if any. _____
- 6 Permanent Address with Pin code (in Block letters) Mobile/ Phone Number with STD code, if any. _____
- 7 Category to which belong: (If SC/ST/OBC or other, please attach self attested Photostat copy of related Certificate). _____
- 8 Sex Male _____ Female _____
- 9 a) Date of Birth Date _____ Month _____ Year _____
b) Age as on the last date of receipt of application i.e. as on _____
- 10 Whether age relaxation claimed, if so indicate Category _____
- 11 Whether exemption of fee claimed if so, indicate category. _____
- 12 Educational Qualification (Please attach self attested Photostat copy of certificates and mark sheets). In case of Driver (Ordinary Grade), also attach a self attested copy of valid driving License issued by competent authority.



Sl N	Examination Passed (Tenth onwards)	Name of Board/ University	Month & Year of Passing	Subjects	Marks Obtained Total Marks	Percentage of Marks
1						
2						
3						

13 Experience

Sl. N	Post Held	Name of Employer	Period		Pay Scale	
			From	To		

- 14 Whether the candidate is under any contractual obligation to serve Central/ State Govt./ any other Public Sector Undertakings or Autonomous body and if so, give details (Attach NOC, if applicable)
- 15 List of Documents attached:
- 1.
 - 2.
 - 3.

DECLARATION

I hereby declare that all the facts mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the relative advertisement, my candidature / application is liable to be cancelled/ terminated.

PLACE _____

DATE _____

Signature of Candidate
Name of the Applicant _____

Remarks of the forwarding Authority (in case of Govt. Employees):

Certified that

- i) The particulars furnished by Sh./ Smt. _____ are correct
- ii) There is no vigilance /disciplinary case either pending or contemplated against him/ her
- iii) Integrity of the applicant is certified
- iv) Photocopies of the up-to-date ACRs attested by an officer not below the Rank of an Under Secretary to the Government of India are enclosed.

(Signature of Head of the Department/
Forwarding Authority)

Date :

Name _____
Department _____
Telephone /(Fax No.) _____