

APPLICATION FORM

Application for the Post of _____



1. Name of the Post Applied for:
2. Full Name of the Candidate:
(in Capitals)
.....
3. Date of Birth:

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 Day Month Year
4. Gender (please tick \checkmark): Male Female
5. Marital Status:
6. Father's/Husband's Name:
7. Mailing Address (in block letters):
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..... Pin Code:
- Tel. No. : Mobile:
- E.mail ID (if any):
8. Nationality:
9. Whether Physical Handicapped? (please tick \checkmark) : Yes No
10. Community (please tick \checkmark) SC ST OBC GENERAL Other _____

11. All Educational/other professional Qualifications/Training Courses etc/Degree Examination onwards:

Level	Exam passed/ Degree Trg.	Division/Grade % of Marks	Year of Passing	Duration of the Degree/ Diploma	Board/ University	Subject	Subject of Specialistion

12. Any other relevant Information:

13. Details of enclosures: 1)

2)

3)

I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Deptt, in writing that I am applying for this selection.

Date:

Signature of candidate

Place: