

Application No.....
(To be filled in by the office)

VALLABHBHAI PATEL CHEST INSTITUTE
University of Delhi
Delhi-110 007

National Tobacco Quitline Services (NTQLS)

Application for the post of _____

Ref. No..... date

**Paste
Passport Size
Photograph**

1. (i) Name (in block letters)
- (ii) Father's Name
2. Date of Birth Age (as on date) Years..... Months
3. Nationality Sex Married/Unmarried
4. (a) Post held, if any, at the time of submitting this application date of :
appointment (state whether permanent, or probation or temporary)
- (c) Name and Address of Employing Authority :
5. (a) Details of Last Basic Monthly Pay and Allowances drawn :

Grade	Rs.
Basic Pay	Rs.
Allowances	Rs.
1. Dearness	Rs.
2. City Compensatory	Rs.
3. House Rent	Rs.
4. Any other Allowances	Rs.
Total Emoluments	Rs.

- (d) Date of Next Increment, if in service :
- (e) Age of Retirement in the present post :
6. Do you belong to SC/ST/OBC/Ex-Servicemen? If yes, please state clearly and attach certificate in support thereof, positively. YES / NO
7. Address at which a reply to this Applications, if any, may be sent
.....
.....
.....
.....
Pin Code No.....
Telephone No. (if any)
- Permanent Address
.....
.....
.....
.....
Pin Code No.
Telephone No. (if any)
- E-Mail Address
E-Mail Address
8. (a) Whether the candidate is receiving any pension benefits? :
If so, the amount of pension and pension equivalent of Gratuity must be indicated.
- (c) Whether the candidate has received pension benefits on :
his premature retirement/retirement from his present post.
If so, total amount of monthly pension drawn.

P.T.O.

9. **Academic Qualifications** (Examination Passed from matriculation/Higher Secondary onwards)

S. No.	Examination	Year	Subjects	Div.	% of Marks Obtained	School/College Attended	Name of Board/University
1.	S.S.C.						
2.	Sr.Sec. (10+2)						
3.							
4.							
5.							
6.							
7.							

10. Details of **Experience** (To start with Past to Present):

Name of the Institution/organization	Designation & scale of pay	Nature of duties performed	Period (Dates)		Length of Experience	
			From	To	Year	Months

12. Any other relevant fact which the candidate may like to add:

13. Whether fulfilling the criteria as per advertisement?:

DECLARATION

I declare that all the statement made in this application are true to the best of my knowledge and belief.

Date:

Signature of Applicant.....

N.B. Candidates must attach self attested copies of credentials in support of their qualifications & experience claimed in this application.