FORMAT OF APPLICATION

	ertisement No.		:											
Position Applied for														
	lied for Institute		:											
	ils of Demand I		:	Amou										
DD I	No.		DD Da	te			Draw	n on	Bank					
1	Name in full (i	:												
2	Father's/Husband's Name													
3	Gender & Marital Status													Affix self
4	4 Permanent Address including Pin code													sted recent
														sport size otograph
													pii	otograpii
5	5 Correspondence address including				:									
	Pin code													
6 Contact details (Phone No. & Email ID)														
7	(a) Date of Birth					Date			Month			7	'ear	
	(Self attested copy for proof of age to be attached)					Voor			Mantha			Т	10000	
	(b) Age as on last date of receipt of					Year			Months	,		1	Days	
8	application Nationality													
9	,													
10	Religion													
10	(a) State your category (Gen/SC/ST/OBC/Ex-Serv) (attached certificate)													
	(b) Whether belongs to PwD (Yes/No)							If yes, VH/HH/OH						
	(If yes, attach self attested copy of certificate)							With % of disabili						
11				:	Date	of Reg.		Reg. No.		Name of		of Cou	of Council	
(If yes, attach copy of certificate)														
12	Ed.,	1: <i>C</i> ::	1	:) <u> </u>			(.11	·· c	ll t-	0	C: +	
12				std. onwards (Attached copies of mark sheet & certificates)								-		
		Year of passing	Marks details			% of narks	Div/ Class		Board , Universi		College/Institution		n Subject Taken	
		passing	Max Marks marks obtained		1	IIai KS			Ulliversi	ty				
			mark	narks obtained										
12	D 6	Tl:l :	01:6:		-1	J	C	11	0)			
	Professional / '							ark si						
Examination Passed		Year of		arks details		% of narks	Div/ Class		Board , Universi		College/Institution		Su	oject Taken
		passing	Max marks						Ulliversi	ty				
			IIIai K	s obtained	+									
1.1	147 1 E .	(T -1	. C'	0	,			1 .	. 1 12	I			<u> </u>	
14	Work Experien					experie	nce to					1	•	
Name and address of Designation Scale of pay & Organisation & Job Type Grade Pay					Ŕ L		Period of Ser						Nature of work and level of responsibilities	
organisation		(Regu		/Consolidate	d	Fro	From		То	Year	Month	01	5 coponoiomineo	
		Contr	act)											
											ļ			
15 Professional training undergone, if any,														
and details thereof					:									
16 Any other relevant information that you may like to furnish					:									
I her	eby declare tha	ıt I have re	ad the	nrovisions	ojv <i>e</i>	n in th	e adve	rtica	ment and	d all the	statemen	ts mad	e and	nformation
	n by me in this													

I hereby declare that I have read the provisions given in the advertisement and all the statements made and information given by me in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information or part of it being found false or incorrect or suppressed before or after the test/interview or during the appointment period, my candidature/appointment shall automatically stands cancelled/repatriated/ terminated without any notice or compensation.

Date: -

Signature of the Candidate

Place: -