APPLICATION FORM

1. 2.	Name of the Full Name of (in Capitals)		Paste your recent passport size photograph								
3.	Date of Birt	h: Da	l L ay M	onth Year							
4.	Gender: (Write '1' for Male, '2' for Female)										
5.	Marital Status:										
6.	Father's/Husband's Name:										
7.											
	Tel. No.:										
8.	Nationality:										
9.	Whether Physical Handicapped? : (Write '1' for Yes, '2' for No)										
10.	Category (please tick $\sqrt{}$) SC ST OBC GENERAL										
11.	All Education		sional Qua	alifications/Trainin	ng Courses etc from	10 th Stand	ard Board				
Level	Exam passed/ Degree Trg.	Division/Grade % of Marks	Year of Passing	Duration of the Degree/ Diploma	Board/ University	Subject	Subject of Specialistion				

12. Brief professional experience:

Office/Instt. Firm	Post held	Part time/ Contract Basis/ Ad-hoc/ regular/			Total Period (in years)			Scale of pay	Nature of duties
		Temp./pmt.	From	To	Years	Months	Days		

13.	Any other re	elevant info	ormation:	• • • • • • • • • • • • • • • • • • • •							
14.	Details of en	nclosures:	ŕ								
	2)										
			3)				• • • • • • • • • • • • • • • • • • • •				
14. Details of enclosures: 1)					n, if I am						
Date:					\$	Signatu	re of car	ndidat	te		
Place	:				_	Address	:				