

FORMAT OF APPLICATION FORM

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Signed

Serial Number :
(for office use only)

1- Name of the Post applied for :

2- Name in full :
(in BLOCK LETTERS)

3- Parent's/Spouse Name :

4- a) Date of Birth : Date Month Year

b) Age as on date of vacancy : Days Month Year

5- Whether you belong to (please tick : SC ST OBC
and if yes, attach certificate)

6- Address for correspondence :
(in BLOCK LETTERS)

Pin Code :

Telephone No. : Office :
Residence :

7- Educational Qualification :
(In chronological order from matriculation onwards. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

Sr. No.	Examination Passed	Board/ University	Year of Passing	Subjects	%
1-					
2-					
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8- Employment Record :
(Details in chronological order, starting with the first job)
(Enclose a separate sheet, duly authenticated by your signature, if the space below is

insufficient)

S. No.	Name & Address of Employer/ Instt.	Post Held	Ad-Hoc/ Regular/ Temp./ Permnt.	Period		Total Period of each employment in years, months & days	Scale of pay	Nature of Duties
				From	To			

NOTE: COPIES OF CERTIFICATES CLEARLY MENTIONING THE ENTIRE EXPERIENCE CLAIMED, INCLUDING THE DURATION OF EMPLOYMENT/RESEARCH ASSOCIATE SHIP / FELLOWSHIP, DATE, MONTH AND YEAR INDICATING THE BASIC PAY / CONSOLIDATED PAY. THE NATURE OF DUTIES PERFORMED/ EXPERIENCE OBTAINED IN THE POSTS WITH DURATIONS MUST BE ATTACHED. IN THE ABSENCE OF SUCH CERTIFICATE, RELEVANT EXPERIENCE CLAIMED IS LIABLE TO BE IGNORED.

9- Total experience in years after Essential Qualification :

10- Details of research work/experience, if any :
(Annexure, if any, should not exceed 200 words)

11- Specialization :
(With reference to experience desired for the post)

12- Professional Training :

S.No.	Organization	Period		Details of Training
		From	To	

13- Present Employment Status :

Under Central Govt.	Under State Govt.	Under Autonomous Body	Public Undertaking	Others

14- Nationality :

15- Religion :

16- Present Pay :

i) Scale of Pay :

(Revised/ Pre-revised)

ii) Basic Pay :

iii) Other allowances :

(excluding HRA&CCA)

iv) Total Salary :

{{(ii) + (iii)}

17- Given below the names of two references (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the proposed appointment. They must be persons under whom you have worked or studied.

i) Name with full address :

ii) Name with full address :

18- Permanent Address :

(in BLOCK LETTERS)

Telephone Number :

19- Any other information you may wish to add {like list of publications, membership of learned societies, awards and recognition etc. (in brief)}

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20- Details of Enclosures :

21- DECLARATION :

I certify that the foregoing information is correct and complete to the best of my knowledge and belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation.

Place :

Date :

Signature of the candidate