APPLICATION FORM

Appl	lication for th	ne Post of			 			
1.	Name of the	Post Applied fo	or:					
2.	Full Name of the Candidate: (in Capitals) Paste your recent passport size photograph							
3.	Date of Birth			lonth Year				
4.	Gender (please tick $\sqrt{}$): Male Female							
5.	Marital Status:							
6.	Father's/Husband's Name:							
7.	Mailing Address (in block letters):							
	Pin Code:							
	Tel. No.:							
	E.mail ID (if any):							
8.	Nationality:							
9.	Whether Physical Handicapped? (please tick $\sqrt{\ }$) : Yes No							
10.	Community (please tick $\sqrt{\ }$) SC $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$							
11.		nal/other profess	sional Qua	lifications/Training Duration of the	g Courses etc/Degre Board/ University			
Level	Exam passed/ Degree Trg.	% of Marks	Passing	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:						