

Annexure-I

Application form for Professional Executive -FME (deployed through Outsource basis)

		<u>For Office Use Only</u>	
		Dairy No. _____	
		Date: _____	
		Sr. No. _____	
Advertisement No.	<input type="text"/>	<i>(Please affix your recent photograph)</i>	
Post Applied for & Department	<input type="text"/>		

1) Candidate's Full Name (in capital letters)

First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

2) Date of Birth

Date	Month	Year	Age as per last date of submission of application form
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3) Are you an Indian Citizen? (Please tick ✓)

Yes	No
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4) Gender (Please tick ✓ the appropriate box)

Male

Female

5) Category under which application is Submitted _____

6) Please tick the appropriate box (Please attach a certificate from the prescribed authority as per Government rules applicable for SC/ST/OBC)

General	SC	ST	OBC	PH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7) Physical Disability (if applicable, the relevant particulars may please be furnished)

Disability	If applicable "Yes"	Percentage of disability	Pl. enclosed copy of the certificate issued by prescribed Authority
a) Blindness or low vision	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
b) Hearing impairment	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
c) Locomotor disability or cerebral palsy (includes all cases of orthopedically handicapped)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

(Please mention field of specialization from Master's Degree Examination Onwards. Also mention the title of M.Phil/Ph.D. Thesis)

Title:

- 13) Experience (including present position/employment) **Copies of Service Certificate/s obtained from Employer/s must be enclosed; S.No. of proof must be mentioned under the column no.**

Sl. No	Position & Basic pay (BP) & Scale of Pay (SP)	Organization/Institution	Date of Joining	Date of Leaving	Duration	Page No. of proof

- 14) Seminar/ Conferences/ Workshop/ Training Programmes/Other Curricular Activities etc.

S.No	Topic	National Level	International level	Page No. of proof

Signature of the Applicant