

## Application Form

|                         |                                                                                           |                                                                                                                                                                                                                                                 |
|-------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Post Applied for: _____ |                                                                                           |                                                                                                                                                                                                                                                 |
| Advertisement No. _____ | Advertisement date: _____                                                                 | Candidate Photo                                                                                                                                                                                                                                 |
| 1.                      | Candidate's full name (including First Name; Middle name & Last name; in Capital Letters) |                                                                                                                                                                                                                                                 |
| 2.                      | Date of Birth (DD-MM-YYYY)                                                                |                                                                                                                                                                                                                                                 |
| 3.                      | Category (Gen/OBC/SC and ST)                                                              |                                                                                                                                                                                                                                                 |
| 4.                      | Nationality                                                                               |                                                                                                                                                                                                                                                 |
| 5.                      | Gender                                                                                    |                                                                                                                                                                                                                                                 |
| 6.                      | Father's Name                                                                             |                                                                                                                                                                                                                                                 |
| 7.                      | Mother's Name                                                                             |                                                                                                                                                                                                                                                 |
| 8.                      | Name of Spouse, if married                                                                |                                                                                                                                                                                                                                                 |
| 9.                      | Email                                                                                     |                                                                                                                                                                                                                                                 |
| 10.                     | Mobile No.                                                                                |                                                                                                                                                                                                                                                 |
| 11.                     | Complete correspondence addresses (present & permanent with zip code and mobile no.)      | <div style="padding: 5px;">           Present/ Correspondence Address –         </div> <div style="padding: 5px; border-top: 1px solid black;">           Permanent Address – (<input type="checkbox"/> Same as Present Address)         </div> |

|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------|---------------------|----------------------------------------------------------|------------------------------------|
| 12. | <b>References (Name &amp; Designation with organisation details, if any)</b>                                                                                                                                      |                               |                                                    |                     |                                                          |                                    |
|     | Referee 1                                                                                                                                                                                                         |                               | Referee 2                                          |                     |                                                          |                                    |
|     | Name:<br>Designation:<br>Mobile No. +91-<br>Email:                                                                                                                                                                |                               | Name:<br>Designation:<br>Mobile No. +91-<br>Email: |                     |                                                          |                                    |
| 13. | <b>Academic Qualification-from 10<sup>th</sup> onward (Information must be provided in this table only. Result awaited cases should not be mentioned. Proof must be enclosed for all qualifications obtained)</b> |                               |                                                    |                     |                                                          |                                    |
|     | Examination/ Degree/<br>Diploma                                                                                                                                                                                   | Subject                       | Name of the<br>Board/University                    | Year of<br>passing  | Percentage of<br>marks<br>obtained (do<br>not round off) |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
| 14. | <b>Other Courses (if any)</b>                                                                                                                                                                                     |                               |                                                    |                     |                                                          |                                    |
|     | Name of the<br>course                                                                                                                                                                                             | Subject                       | Sponsored by                                       | Year                | Duration of Course                                       |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |
| 15. | <b>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 column no.</b>                            |                               |                                                    |                     |                                                          |                                    |
|     | Designation & Basic<br>pay                                                                                                                                                                                        | Organization<br>Name/Location | From (DD-MM-<br>YYYY)                              | To (DD-MM-<br>YYYY) | Total years of<br>service                                | Job description/<br>nature of work |
|     |                                                                                                                                                                                                                   |                               |                                                    |                     |                                                          |                                    |

|     |                                                                                                                                                                                                                                      |                   |                     |                               |                 |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|-------------------------------|-----------------|--|
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|     |                                                                                                                                                                                                                                      |                   |                     |                               |                 |  |
|     |                                                                                                                                                                                                                                      |                   |                     |                               |                 |  |
| 16. | <b>Seminar/ Conference/ Workshops/Training programs and other curricular activities (please enclose separate sheet giving all details, if required).</b>                                                                             |                   |                     |                               |                 |  |
|     | Seminar/ Conference/<br>Workshops/Training programs and other<br>curricular activities                                                                                                                                               | National<br>Level | International level | Total<br>No.                  | S. No. of proof |  |
|     |                                                                                                                                                                                                                                      |                   |                     |                               |                 |  |
|     |                                                                                                                                                                                                                                      |                   |                     |                               |                 |  |
|     |                                                                                                                                                                                                                                      |                   |                     |                               |                 |  |
| 17. | Declaration                                                                                                                                                                                                                          |                   |                     |                               |                 |  |
|     | I hereby declare that all the entries made by me in this application are true to the best of my knowledge and belief. If anything is found false at any stage, my candidature may be cancelled without assigning any reason thereof. |                   |                     |                               |                 |  |
|     | Date:_____                                                                                                                                                                                                                           |                   |                     | <b>Signature of applicant</b> |                 |  |