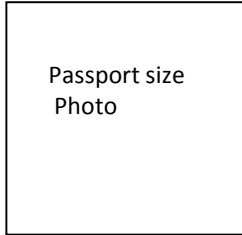


FORMAT OF APPLICATION

Serial Number:
(for office use only)

--	--	--	--	--	--



1. Advertisement No :
2. Post for which applied :
3. Name in full (starting with the last name:
in BLOCK LETTERS leaving one
space blank between different parts of
the name)
4. Parents / Spouse Name :
5. (A.) Date of Birth (DD/MM/YY) :
(B.) Age on closing date (DD/MM/YY) :

6. Whether you belong to (please tick and :
attach the relevant certificate for categories
other than General)

General	SEBC	ST	SC

7. Gender :
8. Educational Qualifications(In chronological
Order from matriculation onwards. Enclose a:
Separate sheet, duly authenticated by your
Signature, if the space below is insufficient)

SL NO.	EXAM PASSED	UNIVERSITY/ INSTITUTION/ BOARD	YEAR OF PASSING	MAIN SUBJECTS TAKEN	SUBJECT OF SPECIALISATION	DIV/CLASS & % OF MARKS

9. Employment Record

SL NO	Name and Address of employer / Instt.	Post/ Fellowship/ Association/ Held	Regular (Permanent)/Temporary	Period		Total period of employment in years, months and days	Scale of Pay	Nature of Duties
				From	To			

10. Total experience in years after the Essential Qualification:

11. Description of research work (Attach Annexure, if needed)

12. Specialization :
(With reference to the experience desired for the post)

13. Professional Training:

SL. NO.	ORGANISATION	PERIOD		DETAILS OF TRAINING
		FROM	TO	

14. Present Employment Status :
(please tick mark on the appropriate box)

UNDER CENTRAL GOVT.	UNDER STATE GOVT.	UNDER AUTONOMOUS BODY	PUBLIC UNDERTAKING	OTHERS (Specify)

15. Nationality :

16. Religion

17. (i) Address for correspondence

(in BLOCK LETTERS) :

:

:

(ii) Email id :

(iii) Telephone/Mobile No.

18. Nearest Railway Station :

19. Present Pay :
- (i) Scale of Pay :
(Revised / Pre-revised)
 - (ii) Basic Pay :
 - (iii) Other allowances :
(excluding HRA & CCA)
 - (iv) Total Salary :
[(ii) + (iii)]

20. Give below the names of two references (they must not be related to you) who are in a position to testify, from their personal knowledge, your suitability for the proposed appointment. They must be persons with whom you have been professionally associated and/or your teachers.

(i) Name with full address :

(ii) Name with full address :

21. Permanent Address :
(in BLOCK LETTERS) :

Telephone/Mobile Number

22. Any other information you may wish to add :
[Like list of publications,
Membership of :
learned societies, awards and recognition, :
etc. (in brief), annexure, if any]

23. Details of Enclosures

24. 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**

CERTIFICATE

(TO BE GIVEN BY THE HEAD OF ORGANISATION / OFFICE)

Certified that the particulars have been verified and found to be correct. It is also certified that no disciplinary / vigilance proceedings are either pending or contemplated against the officer. Integrity of the officer is also certified.

Place :

Date :

**Signature of the Head of the
Organisation / Office with Office Seal**