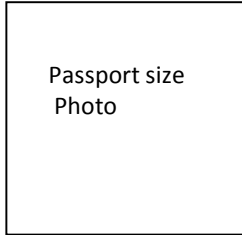


**FORMAT OF APPLICATION**

Serial Number: -  
(for office use only)

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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) :

SEBC	ST

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 / Instd.	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  
Organization / Office with Office Seal**