**FORMAT OF APPLICATION**

Passport size

Photo

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

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)

1. Parents / Spouse Name :
2. (A.) Date of Birth (DD/MM/YY) :

(B.) Age on closing date (DD/MM/YY) :

|  |  |  |
| --- | --- | --- |
| SEBC | ST | General |
|  |  |  |

1. Whether you belong to (please tick and :

attach the relevant certificate for categories)

1. Gender :
2. 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 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Employment Record

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SL NO. | Name and Address of employer / Instt. | Post/ Fellowship/  Associate-ship  Held | Regular / Temporary/Contract/  Outsource | Period | | Total period of employ-ment in years, months and days | Scale of Pay | Nature of Duties |
| From | To |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. Total experience in years after the Essential Qualification:
2. Description of research work (Attach Annexure, if needed)

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

13. Professional Training:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SL.** | **ORGANISATION** | **PERIOD** | | **DETAILS OF TRAINING** |  |
| **NO.** |  |
| **FROM** | **TO** |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

14. Present Employment Status :

(Please tick mark on the appropriate box)

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

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** | **:** | **Signature of the Head of the** |
| **Date** | **:** | **Organisation / Office with Office Seal** |