APPLICATION FORM FOR THE POST (TO BE FILLED IN BY THE APPLICANT)

Post applied for:			Subject1:							
				Subject2): :					
1.	Nar	me:	First		Middle	Last				
2.	Fath	ner's/Spouse Name:	First		Middle Na	Last me of organization, place and positior				
3.	Fath	ner's/Spouse Occupo	ation:							
4.	Ger	nder :								
5.	Pres	sent Address:								
	a.	Address Line1:								
	b.	Address Line 2:								
	c.	City:		C	I. PIN:					
	e.	State:		f.	Country:					
	g.	Tel No (Res):		h	. (Off):					
	i.	Mobile No:		j.	Alternate No:					
	k.	E-mail:								
6.	Permanent Address (if not same as present address):									
	a.	Address Line1:								
	b.	Address Line 2:								
	c.	City:		C	I. PIN:					
	e.	State:		f.	Country:					
	g.	Tel No (Res):		h	. (Off):					
	i.	Mobile No:		j.	Alternate No:					
	k.	E-mail:								
7.	Birth	n Details								
	a.	Date of birth:		Age:	Years	Months (Age on next birthday)				
	b.	Place:		District:		State:				
Ω	Dor	micilo:								

Nationality

Mother Tongue

Name the State where you normally reside

а	. Are you man	riea:			if yes	s, spous	e Name:		
b	. Dependents	Detail:							
	i. Children:	(B)	Ag	ge	(G)		Age		
	ii. Parents:								
	iii. Others:								
	iv. Total:								
	inguages: . Speak								
b	. Read								
С	. Write								
	lucational Qual am qualified th								r Equivalent
	Exam or Degree	School/ Bo College/U		Place	Division	ı	Percentage	Subjects	Year of passing
		30,0	,						
12.	Knowledge of a. Name and				Compute	er Appli	ication:		
Name of the Course			Institute		Place		Duration in	months	
	b. Do you use	computer in	n day to (day work:					
	c. Your workin	ıg knowledg	e in	MS Word					
				MS Excel					
				MS Power	Point				

9. Family Details:

Activity			Level Participated		Year of Participation			
ork Experience: Organization	Peri From		Experience (within organization, years and months)	Position	Reason for leaving	Total Emoluments		
Total Work Experience: year months Please note that you will be requested to submit experience certificate, if selected.								
· '			e of any ailment)					
(b) Disability if any (Give Details) References: Two responsible individuals who are not related to you, whom reference can be made.								
A. Name: Address:				B. Name: Address:				
Occupation:				Occupation:				
Position:				Position:				
Telephone no	:			Telephone no:				
Mobile No:			Mobile No:					
Salary: What r	ninimum emolu	ments d	o you expect?					
Joining Date:	If selected, whe	en can y	ou ioin?					

20.	РА	N Card Number:		Aadhaar Card Number:				
21.	Passport Details:							
	a.	Passport No:		Valid up to:	Place of issue:			
22.	Present Monthly Emoluments							
	a.	Basic Pay	:					
	b.	Grade Pay	:					
	c.	Dearness Allowance	:					
	d.	HRA	:					
	e.	Conveyance/Allowance	:					
	f.	LTC (LTC per annum ÷12)	:					
	g.	Medical (Medical per annum ÷12)	:					
	h.	Other Financial Benefits	:					
	i.	Total (Gross Per Month)	:					
	j.	Other Benefits	:					
23.		ve you ever appeared for your answer is yes, please i		e Organization? post and date of interview ar	nd the result thereof)			
24.	a.	Have you ever been arres	sted/ Convicte	d by any court?				
	b.	Is any criminal proceeding	g pending aga	inst you in any court?				
	c. Are you a member of a political party?							
	(If the answer to a,b or c above is yes, kindly give details for the same)							
				rs given by me in this form are ound to be untrue and/or inco				

of the 11 found to have been suppressed or omitted there from by me, I am liable to be disqualified for employment and I accept the organization's right to terminate my service without notice or pay in lieu of notice without any other compensation.

Date

Kindly upload scanned signature

Note:-

- 1. Please do not bring original or copies of degrees, certificates, testimonials for the interview, if called for the interview.
- 2. The originals will be checked & verified after selection, before issuing appointment advice.
- 3. Only shortlisted candidates will be called for interview.

	(Not to be filled in by the applicant)	
	NOTES OF INTERVIEWER	
Offer Details :-		
	<u>ORDER</u>	
		Competent Authority
	REMARKS, IF ANY	