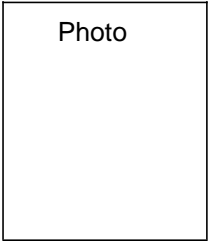


APPLICATION FORMAT

Post Applied for

Office/Location



1 Name of Candidate (Capital letter)	
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2 Date of Birth (DD/MM/YYYY)		3	Age on 01/01/2016		4.	Gender(M/F)
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5 Present address of the candidate in full for postal Communication	
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6 Email address	
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7 Phone number / Mobile number	
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8 Permanent address of the candidate	
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9 (a) Educational Qualifications (Enclose attested copies of Certificates)

Sl. No	Name of Examination/Degree (beginning with HSLC)	Board/University	Year of Passing	Result(Class/ Division)
1				
2				
3				
4				
5				

(b) Professional Qualifications/ Training Received (enclose attested copies of certificates as applicable)

Sl. No	Name of training Programme/Nature of Training	Duration	Organization where training was provided
1			
2			

10 Employment History (Enclose attested copies of Experience Certificates)

SL No	Name of the Organization/ Employer	Post held/ Designation	Date		Total duration (months)	Job Responsibilities (in bulleted list)
			From (mmm/yyyy)	To (mmm/yyyy)		
1						•
2						
3						
4						

11 Languages (**other than English**)

Read Write Speak

- (a) _____
- (b) _____
- (c) _____
- (d) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12 Any other relevant information if the candidate would like to state

13 Reference - Name & Address of two responsible persons who would be prepared to vouch for you:-

(A) _____

(B) _____

14 Declaration:

I do hereby declare that all the information given above are correct & complete in all respects. I understand that my application is liable to rejection if any of the information stated above is found to be incorrect or not supported by certificate/ relevant documents.

Date: _____

SIGNATURE OF THE APPLICANT

15 Endorsement from the present employer.

The facts stated in this application have been verified and found correct. This Organization/department has no objection in his/her applying for the post referred in the application.

Date:

Signature of the Head of the Organization/ Department (With Seal)

IMPORTANT INSTRUCTIONS FOR CANDIDATES

1. The candidates should carefully read the eligibility conditions.
2. Only the applications of candidates who fulfill the requirements of the post shall be taken up for short listing.
3. **The maximum age limit for all the positions on contractual terms is 45 years as on 01/01/2016. Applicants on deputation should have at least 8 years of service on the date of application.**
4. Candidates, already in Government Service/Government undertaking/other similar organization/ corporations/boards may submit their application **through proper channel**.
5. Applications must be accompanied by attested copies of the documents mentioned below.
 - (a) Copies Academic certificates/Mark sheets. (self attested copies)
 - (b) Age certificate (self-attested copy).
 - (c) Experience Certificates (where necessary) indicating the period of Service/Experience with dates.
6. **The envelope containing the Application Form should indicate the name of the post applied and office clearly. Candidates applying for more than one post should submit applications separately.**
