Annexure 1

APPLICATION FORM

1. Name of the post Applied for :
2. Name of Candidate (in Block Letter) :
3. Gender :
4. Date of Birth :
5. Father's Name :
6. Mother's Name :
7. Marital Status (Married/Unmarried) :
8. Present Address for correspondence :
9. Permanent Address :
10. Phone Number/Mobile Number:
11. Email Id :

12. Details of Qualification

Sr.No.	Degree	% of Mark	Year of Passing	Board/University

13. Details of Experiences

Sr. No.	Designation	Institute/Name of the employer	Period	Reason for leaving

14. Have you ever been declared unfit by a medical board/court for appointment in any government service? (Yes/No) ……

    If yes, details…….

15. If selected, within what period would you require for joining the post:

Declaration

I hereby declare that information given above is true and correct to the best of my knowledge. In the event of any information being found incorrect/false, my candidature/services are liable to be terminated.

Place:
Date: **Signature of Candidate**