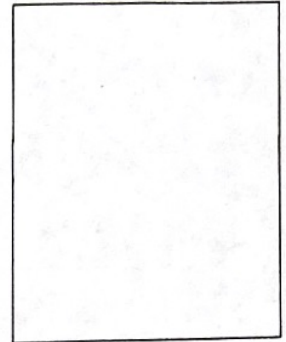


**Annexure 1
APPLICATION FORM**

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

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

13. Details of Experiences

S.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