

Annexure 1
APPLICATION FORM

1. Name of the post Appliedfor :
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 |
|-------|--------|-----------|-----------------|------------------|
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13. Details of Experiences

| S.No. | Designation | Institute/Name of the employer | Period | Reason for leaving |
|-------|-------------|--------------------------------|--------|--------------------|
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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