APPLICATION FORMAT

APPLICATION FOR THE POST OF	(Sl. No)

AFFIX SELF ATTESTED LATEST PASSPORT SIZE PHOTOGRAPH

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1.	Name of the Candidate (In capital letters)			:				
2.	Father's Name :			:				
3.	Date of birth (Documentary evidence to be attached)			:				
4.	Age as on date of interview			:				
5.	Marital Status			:				
6.	Whether SC/ST/OBC/PH (Documentary evidence to be attached)			:				
7.	Correspondence Address							
8.	Permanent Address			:				
9.	Email Address			:				
10.	Phone No / Mobile No.:			:				
11.	Nationality			:				
12.	Educational Qualifications (starting from SSLC till date) (Attach Certificate / document)							
Name E	of the xam	Name of Board/ University	Class / Division	Percentage (%)		Year of passing	Subject/s taken	

13.	Whether NET /GATE Qualified : YES / NO (if YES, Attach certificate)							
14.	14. Details of Experience (if any: attach document)							
	Total years o	of experience:	years,	months,	days			
				Period				
Or	ganization	Designation	Date of Joining	Date of leaving	Nature of work done			
15.	Name and a	ddress of two references	::					
	i.							
	ii.							
		<u>Decla</u>	<u>ration</u>					
from court being taker read educ	of my knowledg government (ce of law for any of detected at an against me and the Advt. careful	re that all the statement e and belief. I also declar entral/state/autonomous ffence. In the event of an by time before or after d I shall be bound by the lly and I declare that I fuctions etc., prescribed for	are that (i). I hav) Organizations. (ny information be the interview/selon decision of the Ir Ifil all the condition	e never been punis (ii). I have not bee ing found false/inco ection/appointment nstitute. I further de ons of eligibility reg	shed or debarred n convicted by a prrect/ineligibility c, action may be eclare that I have parding age limit,			
Plac								
Date):		Signature of the candidate					