## APPLICATIONFORM Young Professional - I (Contract basis)

AFFEX RECENTPASSPO RTSIZESIGNEDP HOTOGRAPH

Name of the Position: YP-I											
1.	Name of the Candidates (Block letters) :										
2.	Fathe	er's/Husband Name	:								
3.	Sex	:		Ma	ale	Female [					
4.		o f Birth se attach documentary proof)	:								
5.	Age a	as on date of Notification	:	Year	Month	Days					
6.	Marital Status		:								
7.	Permanent address		:								
8.	Correspondence address		:								
9.	Educational Qualification : (Please attach photo copy of related certificate) starting form Matriculation/10 <sup>th</sup> &onwards:										
	SI. No.	Name of the Examination Passed	Sul	ojects	Name of Board /University	Year of Passing	% of Marks				
				,							

10.	Experience (particulars of documentary proof)	f all previous and p	resent employm	nent) if any: -	(Please attach				
SI. No.	Name of the Organization	Post/ Position held	Period(from & upto)	Emoluments	Remarks				
11. E-mail Id: Mobile:									
12.	Any other Information relev	ant information:							
	by declare that all the sta dge and belief. I also declare			ete and correct	to the best of my				
(i)	Intheeventofanyinformationbeingfoundfalse/incorrect/ineligibilitybeingdetectedatanytimebefore or after selection, action may be taken against me and I shall be bound by the decision of the employer.								
(ii)	(ii) I further declare that I have read the Advt. carefully and I declare that I fulfill all the conditions of eligibility regarding age limit, educational qualifications etc., prescribed for the contractual engagement.								
Date : Place:				Signature o Name:	f the applicant				