APPLICATION FORMAT

																					Pho	to	
Po	st Applied for																						
Office/Location																							
1	Name of Candidate (Capital letter)																					
2	Date of Birth (DD/M	M/YYYY)									3	Age	on ()1/01	/01/2014 4.					Gender(M/F)			
5	Present address of the	e candidate																					
	in full for postal Com	nmunication																					
6	Email address																						
7	Phone number / Mob	ile number																					
8	Permanent address o	f the candidate																					
9	(a) Educational Qua	lifications (Enclo	se atte	estec	d cop	oies	of C	ertifi	cates	s)													
	Cl Name of Evening	ation /Dogwoo							Por	and /I	Inirro	waite:				Voc	n of I	Daggin	~	De	-aul+((Tleas /	
Sl. Name of Examination/Degree No (beginning with HSLC)						Board/University								Year of Passing			Result(Class/ Division)						
1 2																							
	3																						
	4					-																	
	5																						
(b) Professional Qualifications/ Training Received (Enclose attested copies of certificates as applicable)																							
	SI. Name of training Programme/Nature of Training				Duration Org							Org	Organization where training was provided										
	No 1																						
	2																						
	3													+									

10	Employment History	(Enclose attested copies of Experience Certificates)	
10	Employment Instolv	Eliciose allested cobles of Experience Certificates i	ř.

	SL No	Name of the Organization/ Employer	Post held/ Designation	Da	te	Total duration	Job Responsibilities (in brief)
		r	3	From	То		
	1						
	2						
	3						
	4						
	5						
	6						
	<u> </u>						
11	Lang	uages (other than English)	Re	ad	Write	Speak	
	(a)					
	(b)					
)					
	(0	l)					
			L				
12	Any o	ther relevant information if the ca	andidate would like to sta	ate			
13	Decla	ration:					
		I do hereby declare the stand that my application is lianots upported by certificate	able to rejection if any				

14 Endorsement from the present employer.

Date: _____

The facts stated in this application have been verified and found correct. This Organization/department has no objection in his/her applying for the post referred in the application.

SIGNATURE OF THE APPLICANT

Date: Signature of the Head of the Organization/ Department (With Seal)

IMPORTANT INSTRUCTIONS FOR CANDIDATES

- 1. The candidates should carefully read the eligibility conditions.
- 2. Only the applications of candidates who fulfill all the requirements of the post shall be taken up for short listing.
- 3. The maximum age limit for all the positions on contractual terms is 45 years as on 01/01/2014. Applicants on deputation should have at least 8 years of service on the date of application.
- 4. Candidates, already in Government Service or in Government owned undertaking or other similar organization/corporations/boards may submit their through proper channel.
- 5. Applications must be accompanied by attested copies of the documents mentioned below.
 - (a) Copies Academic certificates/Mark sheets. (self attested copies)
 - (b) Age proof certificate(self-attested copy).
 - (c) Experience Certificates (where necessary) indicating the period of Service/Experience with dates (self attested copy)
- 6. The envelope containing the Application Form should indicate the name of the post applied and office clearly. Candidates applying for more than one post should submit applications separately.