FORMAT OF APPLICATION **Affix Recent** Passport Size POST APPLIED FOR Photograph Duly Signed Advertisement No. Full Name 1. (in block letters) 2. Father's Name / Husband's Name Address for Correspondence 3. 4. Permanent Address Date of Birth with Documentary D Υ Υ 5. D M Μ Evidence Category SC ST OBC UR Govt. Emp. 6. If Physically Challenged Candidate 7. OH VH HHPercentage of disability_ 8. Nationality 9. State to which you belong 10. Details of Educational and Technical Qualifications (from matriculation/SSLC/SSC onwards) **Examination Passed** University/Board/ Month, Division / Class / Subjects No. of Attempts Institution/Council Year of Grade Made (Applicable Only for Medical & Scientific Posts) of Examination **Passing**

11.	Where have you been employed	d? Give pa	articulars	s below:-			
Name of the Organization		Period of Service		Designation	Nature of Duties Performed	Total Monthly Emoluments	Reason for Leaving
		From	To				Services
				•	•	•	
12.	State Minimum Initial Pay Acceptable						
13.	If selected, specify the minimum required joining time						
14.	Details of Pay Order/Demand Draft	Name of the Bank			Demand Draft No.	Date	Amount (Rs.)

SIGNATURE OF THE CANDIDATE

Date: