

APPLICATION FORM

Affix a recent Pass Port Size Photograph

Advt. No.

Application for the Post of: _____

Name of Project: _____

Category: GEN SC ST OBC EWS

1. Name of the Applicant (in CAPITAL words): _____

2. Sex : Male Female Others

3. Marital Status : Married Unmarried Divorced/ Widow

4. Father's Name : _____

5. Name of the Spouse : _____

6. Date of Birth : _____

7. Age as on last date of receiving application :

Days	Months	Years
------	--------	-------

8. Present Address for Communications : _____
: _____
: _____

Mobile No. : _____

Email : _____

9. Permanent Address : _____
: _____ **PIN** _____
_____ **Telephone No.** _____

Mobile No. : _____

10. Nationality : _____

11. Educational Qualification: (Enclose attested photocopies of degree/diploma certificates & mark sheets)

Examination	Subjects	Board/ Council/University	%/ Division	Month & Year of Passing
X th (HSC)				
XII th (HSSC)				
Graduation				
Post Graduation				
Others (M.Phil/Ph.D)				

12. Current Activities:

13. Experience: (Enclose self certifies copies of Work Experience Certificates)

Name of the Organization/ Institution where worked and Place	Status of Organization (Central/State/ Autonomous/ PSU)	Name of the Post held	Whether permanent /contractual	Period		Scale of Pay & Gross Pay Drawn	Nature of Work
				From	To		

(Use separate sheet if space is inadequate)

14. Knowledge of Statistical software please specify:

15. Details of publications with impact factor and authorship details, if any:

16. Name and address of two referees well known with the applicant's work :

Name	Occupation or Position	Address with telephone No. & e-mail
1.		
2.		

17. Any other information you wish to add :

18. Check List : (Please tick in given below as proof of enclosures.)

All Certificates must be attested and be attached in the following order :

- (i) Certificate in support of age (High School Certificate)
- (ii) Degree/Diploma
- (iii) Experience Certificate
- (iv) Caste certificate (If any).....
- (v) Documents relating to retrenched Govt.Employees/Departmental
 (Including Projects)

DECLARATION

I, _____ declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.”

Place:

Date:

(Signature of the applicant)

Full Name: