## FORMAT OF APPLICATION

(for official purpose)

<ul><li>5.</li><li>6.</li></ul>	Educationa (In chronolosignature, if attached with	al Qual ogical of	ification order from ace below pplication	m matricu w is insuf	ficient. S			s of educa	heet, duly authen tional qualificati	
	•		•	s:						
5.	(please ticl	a. una i	1 y 05, acc							
	Whether y		_	tach certif	ficate)	SC	ST	ОВС	Handicapped	
	(b) Age as	on clo	sing date	e of appli		D		MONTE	IS YEARS	
4.	(a) Date of	Birth :		DATE	I	MONTH	<b>Y</b> ]	EAR		
3.	Parent's / S	pouse	Name: .	•••••	••••••	•••••	••••••	•••••	•••••	
	space blank			_					•••••	
2.	Name in ful in BLOCK		Ü						•••••	
1.									•••••	
То	be filled by	candid	ates:						Pass Photo more	x colored port Size graph (Not than three nths old)

- 7. Whether Educational and other qualifications required for the post are satisfied (if any qualification has been treated as equivalent to the one prescribed in the rule, state the authority for the same).
- 8. Please state clearly whether in the light of entries made by you above, you meet the requirement of the post.
- 9. Employment Record:

(Details in chronological order, starting with the first job, enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient. Copies of work experience must be attached with the application form)

Sl.	Name & Address of Employer / Instt.	Post / Fellow ship / Associateship Held, (if applicable)	Ad-hoc / regular/ temp. / permane nt	Period		Total period of each employment in years, months & days	Pay drawn	Nature of duties
				From	То			

10. Total experience in years after E	ssential Qualification:
11. Details of research work / experi	ence, if any: (Should not exceed 200 words. To be annexed)
12. Nationality:	
13. Religion:	
<b>14.</b> (i) Address for correspondence: (in BLOCK LETTERS)	
	Pin Code :
(ii) Telephone No.: (a) Office: (b)	Residence:
(iii) Mobile No. (mandatory):	
(iv) E-mail ID (mandatory):	
	eferences (they must not be related to you) who are in a position to eledge as to your fitness for the proposed appointment. They must be worked or studied.
(i) Name with full address:	
(ii) Name with full address:	
16. Permanent Address:	
(in BLOCK LETTERS):	
Pin Code:	
Telephone Number:	
17. Any other information, which yo Enclosed a separate sheet.	ou would like to mention in support of your suitability for the post.
[Like list of publications, Member	ship of learned societies, awards and recognition. etc. (in brief) ]:
18. Details of Enclosures:	
DECLARATION:-	

I certify that the foregoing information is correct and complete to the best of my knowledge and beli	ef and
nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any m	naterial
information, my appointment shall be liable to be summarily terminated without notice / compensation.	

Place : Date :

Signature of the candidate