## APPLICATION FORM

Appl	ication for the	e Post of						
1.	Name of the	Post Applied fo	r:				iste your recent	
2.	(in Capitals)						passport size photograph	
3.	Date of Birth	: Da	ly M	Ionth Year				
4.	Gender (please tick √): Male Female							
5.	Marital Status:							
6.	Father's/Husband's Name:							
7.	Mailing Address (in block letters):							
	Tel. No.: Mobile:							
	E.mail ID (if	any):						
8.	Nationality:							
9.	Whether Physical Handicapped? (please tick $\sqrt{\ }$ ) : Yes $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$							
10.	Community (please tick $\sqrt{\ }$ ) SC $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$							
11.					g Courses etc/Degre			
Level		Division/Grade % of Marks	Year of Passing	Duration of the Degree/ Diploma	Board/ University	Subject	Subject of Specialistion	

12.	Any other relevant Information:					
13.	Details of enclosures:	1)				
		2)				
		3)				
I hereby declare that all the statements made in the application are true and complete to the best of my knowledge and belief. I understand that action can be taken against me by the Commission, if I am declared by them to be guilty of any type of misconduct mentioned herein. I have informed my Head Office/Deptt, in writing that I am applying for this selection.						
Date:		Signature of candidate				