

APPLICATION FORM

Name of the Post _____

1. Name of the Candidate: _____

2. Father's Name: _____

3. Mother's Name: _____

4. Permanent Address: _____

5. Address for Correspondence: _____

6. Date of Birth (Attach Proof): _____ (DD/MM/YYYY)

7. Age as on last date: _____

8. Gender: _____

9. Category (if reserved, attach Proof) _____

10. Contact Number: _____

11. Email Id: _____

12. Educational Qualification (Attach Proof):

Affix Latest
passport
Size colour
photograph

Exam Passed	Name of the Board/ University	Total Marks	Marks Obtained	Percentage

(Signature of the Candidate)

DECLARATION BY CANDIDATE

I hereby declare that the information given above is correct to the best of my knowledge. In case any of the above mentioned information is found to be false/incorrect, then my candidature be treated as cancelled.

Date:

(Signature of the Candidate)