

APPLICATION FORM



Application for the position of:

Name of the DLL/SDLL applied for:

1) Full Name (in Capital Letter): _____

2) Father's Name : _____

3) Permanent Address : Vill/Town: _____ House No: _____

PO: _____ PS: _____

District: _____ State: _____

PIN: _____

4) Address for Correspondence

/Present Address : Vill/Town: _____ House No: _____

PO: _____ PS: _____

District: _____ State: _____

PIN: _____

5) Date of Birth : _____ 6) Sex: Male
Female

7) Religion : _____ 8) Nationality: _____

9) Domicile (State) : _____

10) Email Id : _____

11) Mobile Phone No : _____ 12) Alternate Phone No: _____

13) Education Qualification:

Qualification	Board/University/Institution	Year of Passing	Perchantage	Grade/Division

14) Any Other Qualification:

Qualification	Board/University/Institution	Year of Passing	Perchantage	Grade/Division

15) Experience: [may insert separate sheet if need]

Name of Organization	Designation	Nature of duties	Period		Duration
			From	To	

15) If employed in Govt. Department/PSU, whether submit No-object-Certificate (NoC): Yes/ No

Declaration: I hereby declare that all statements made in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found untrue / false / incorrect or I do not satisfy the eligibility criteria, my candidature / appointment will be cancelled / terminated, without assigning any reasons thereof. I have read the contents of the advertisement and agree to abide by the rules, regulations and procedures for appointment to the post applied for.

Date:
Place:

(signature of the candidate)