	IAT OF APPLIC For official purpo		Affix colored Passport Size Photograph (Not more than three months old)
To be filled by candidate:			
1. Post Applied for :			
2. Name in full (starting with last name in BLOCK LETTERS leaving one . space blank between two parts of name			
3. Parent's / Spouse Name:			
4. (a) Date of Birth:	DD	MM	YYYY
(b) Age as on closing date of applica	tion: DAYS	MONTHS	YEARS

5. Whether you belong to

	SC	ST	OBC	Handicapped
6. Educational Qualifications:				

(In chronological order from matriculation onwards. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient. Copies of educational qualifications must be attached with the application form)

SL. N O	EXAMS PASSE D	UNIVERSITY / INSTITUTIO N / BOARD	YEAR OF PASSIN G	MAIN SUBJECT S TAKEN	SUBJECT OF SPECIALISATIO N	DIV. / CLASS & % OF MARK S

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. NO	Name & Address of Employer / Instt.	Post / Fellow ship / Associateship held, (if applicable)	Ad-hoc / regular/ temp. / permanent	Period From	То	Total period of each employment in years, months & days	Pay drawn	Nature of duties

10. Total experience in years after Essential Qualification:

11. Details of research work / experience, if any :

(Annexure, if any, should not exceed 200 words)

12. Nationality:

13. Religion:

14. (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) :....

15. Give below the names of reference (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the proposed appointment. They must be persons under whom you have worked or studied.

(i) Name with full address:	
(ii) Name with full address:	
with phone No. :	
16. Permanent Address	:
(in BLOCK LETTERS)	:
	Pin Code :

Telephone Number :

17. Any other information, which you would like to mention in support of your suitability for the post.

[Like list of publications, Membership 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 belief and nothing has been concealed / distorted. If at any time I am found to have concealed / distorted any material information, my appointment shall be liable to be summarily terminated without notice / compensation.

Signature of the candidate

Place :

Date :