

POSTAL ADDRESS:

House No.: Village: Post Office:

District: State: PIN Code:

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QUALIFICATION:

Sl. No	Examination Passed	Board/University	Year of Passing	Roll No.	Percentage of Marks
1.					
2.					
3.					
4.					
5.					
6.					

EXPERIANCE, IF ANY:

Whether previously employed Yes / No

If yes, address of employer:

Post held by you:

Reason for leaving:

.....

.....

Total experience (in years):

DECLARATION:

I declare that all information given in this application are true and correct to the best of my knowledge and belief.

In the event of my employment if it is found that the information furnished by me are false or misleading my candidature may be forfeited and I may be responsible for termination of my job.

Signature of the applicant

Place:

Date: