

APPLICATION FORMAT

Affix a current Pass Port Size photograph with self attested

Name of the post applied for : _____

1. Name (in capital letters) :
2. Father's name :
3. Present Address :
4. Date of birth :
5. Age as on (31.12.2018) :
6. Educational Qualification :
7. Experience :
8. Nationality :
9. Sex :
10. Date of retirement :
11. Medical fitness certificate :
- (Must be from a Regd. Medical Practitioner)
12. Extra curricular Certificate, if any:
13. Mobile no. of the candidate
14. Details of knowledge in computer operation/typing.....
15. Language known.....

-: Declaration :-

I, hereby declare that all the statements made in this application are true and correct to the best of knowledge and in the event of my information being found false, my candidature is liable to be canceled.

Signature of the candidate.

N.B. :- Applicants are directed to submit only the self attested supportive documents as asked for and also his recent fitness certificate, issued by a Registered Medical Practitioner.