## **APPLICATION FORM**

							-	
Post Applied for					Pho	tograp	h	
1. First Name:	,	Middle N	lame		Last	Name		
		Sex:	4. District of Domicile:			Last Name .		
5. Please mention is	SC/ST/OBC: General							
S. Fesch Contact Au	dress with Telephone No:		/. Perma	anent Co	ntact Addres	s with T	elephone No:	
. Email Address:			9.Mc	bile No.:				
Languages spoke	en/written:		-					
	chool onwards, please list	all your	qualification	ons			7.00	
Degree	Institute/Board & Loca	ocation	Year	Marks		$\neg \neg$	Full/Part Time/	
				Full Mark	Marks Secured	%	Distance Learning	
latriculation								
2	2.5							
raduation							neg the	
.G.							42.3	
omputer							CE EL	
ther	19/5/201							
ny other ralification								
. Employment Reco	ord:							
Total years of pos	t qualification experience		:		×.			
Years of experience	ce in the Development Se	ctor / No	GO :					
Years of experience	ce in Government		:					

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starting with your presen	t employment, list in reverse orde	er all the employments you have had.
4 A. Current Employmer	nt:	
From Month / Year	To Month / Year	Designation
	Till date	
Location of Employment:		
Description of your dutie	s:	
14B. Previous Employme	ent:	
		BIties
From Month / Year	To Month / Year	Designation
		Designation
Month / Year	Month / Year	Designation
	Month / Year	Designation
Month / Year  Location of Employment	Month / Year	Designation
Month / Year  Location of Employment	Month / Year	Designation
Month / Year  Location of Employment  Description of your dutie	Month / Year	
Month / Year  Location of Employment  Description of your duble  Declaration: I hereby de	Month / Year	Designation  alshed above are correct to the best of my
Month / Year  Location of Employment  Description of your dutie	Month / Year	
Month / Year  Location of Employment  Description of your dubb  Declaration: I hereby do	Month / Year	
Month / Year  Location of Employment  Description of your dubb  Declaration: I hereby do	Month / Year	

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