		•	APPLICATION I	FORM		
1. N	Name of the post app	lied for				Affix your
2. N	ame of the applicant	(in Capital)		9- B		recent Passport size
3. Fa	ather's/Husband Nar	ne				Photo
4. M	Iother's Name					
5. Fu	ull Address					
6. To	elephone No.		Residential No.	Mob.	No	
			E-mail Address			
(In	ategory (SC/ST/OBC) case yes, enclose a co ate of Birth					
	ge as on the date of in ducational Qualifica		Years	months	days	
S.No.	Exam Passed	Board/Univer	sity/Institution	Year of Passing	Percentage	Remarks
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9 Pro	ofessional Qualificat Exam Passed		rsity/Institution	Year of Passing	Percentage	Remarks
	Entain Faces					
			6			
3						
	9					
			5			
10. E	experience, If any			W.		

Signature of the Candidate