Appl	ication for the p Advt. No.			put./2019					
1.	Name and add letters	ress in BL	OCK						Affix here recent passport size photograph
2.	Father's Name								
3.	Date of Birth (DD/MM/YYYY)								
4.	Date of retirement under Central/State Government Rules								
5.	Educational Qualification		i)						
			ii)						
			iii)						
			iv)						
6.	Whether educational and other qualification has been treated a authority for the same).								
	_		luired		Possess	sed by th	ne Ap	oplicant	
	Essential:	Essential:							
	Desirable:								
7.	Please state clearly whether in the entries made by you above, you merequirements of the post				f				

8.	Details of employments (in chronological order) enclose a separate sheet, duly authenticated by your signature if the space insufficient.							space below is
	S. No	(working on regular basis in Government) Office/Institute/Organization)	Post Held	Duration of Experience		Total Duration of Experience	Pay-band and Grade pay (Scale of	Nature of
	110			From	То	Year(s), Month(s), day(s)	Pay if in pre- revised scale of pay)	Duties
	1.							
	2.							
	3.							
	4.							
	5.							
		Total work experience:		Year(s)		Month(s)		Day(s)

9.		sent employment (i.e.ad-hoc or	
		uasi-permanent or permanent)	
10.	_	present employment is held on	
		ntract basis, Please state: (a) the	
		al appointment (b) period of	
		on deputation/contract (c) name	
	_	office/organization to which you	
1 1	belong	-:11	
11.		ails about present employment	
	Government	hether working under: (a)Central (b)State Government	
	(c)Autonomous	`	
	undertaking (e		
12.		ised scale of pay? If yes, give the	
		ich the revision took place and	
		ne pre-revised scale.	
13.	Total emolume	nts per month now drawn.	
14.	Additional info	rmation, if any which you would	
	like to mention	in support of your suitability for	
		ose a separate sheet, if the space	
	is Insufficient.	, ,	
15.	Whether belon	gs to SC/ST/OBC (if yes, please	
	specify)		
16.	Contact Numb	ers & E-mail ID:	
1)	Office		
2)	Residence		
3)	Mobile		
4)	E-mail ID		
17.	If selected, spe	cify the minimum required	
	joining time		
			Candidate's Address:
	Signatı	ıre of the Candidate	
	3	,	
Date:			
Coun	tersigned:		
	[Fmplore	er/Authorized Officer]	
	[Employe	1/11dillollzed Officer	