**ANNEXURE II : APPLICATION FORMAT**

Name of the Position applying:

………………………………………………………………………………

Serial number of the position as per advertisement: …………………….

|  |  |
| --- | --- |
| **PERSONAL DETAILS** |  |
| Name of the candidate (in block letter): |  |
| Name of Father/Mother/Husband/Guardian: |  |
| Whether candidate is state/central government employee  | No Yes If yes furnish Non objection certificate  |
| Postal Address (current): |  |
| Postal address (permanent): |  |
| Pin Number: |  |
| City and State : |  |
| Contact number : |  |
| Email Id : |  |
| Date of Birth (DD/MM/YY) |  |
| Gender : (Male/Female/other |  |
| Caste: (Gen/ST/SC/OBC/EWS) |  |
|  |  |

1. **EDUCATIONAL QUALIFICATION (Start from highest degree)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of degree/diploma | Subject/Discipline | University/Institute/College | Year of Passing final examination | Marks Obtained(Percentage) | For office use only Verified (Y/N) |
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1. **Any specific training/ awards/ publication/achievement in the required field:**

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1. **Work Experience**

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| --- |
| Details of employments **(in chronological order**) enclose separate sheet, duly authenticated by your signature if the space below is insufficient. |
| SN | Name of the Office/Institute/Organization) | Post Held | Duration of Experience | Total Duration of ExperienceYear(s),Month(s),day(s) | Nature ofDuties |
| From |  To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total work experience** | ……..…….……..………..**Year(s)**………………..…………….. **Month(s) Day(s)** |

* If any other relevant work experience: (plz add extra sheets) mention details of extra sheets added , if any :
* If selected, what period would you require for joining the post: …………………………

I solemnly affirm that the information furnished above is true and correct in all respects to the best of my knowledge. I have not concealed any information. I undertake that any information furnished here in if found to be incorrect or false, then I shall be liable for action as per rules in force.

**Name of Candidate:** **Signature of Candidate:**

Date Place