**Name of the Department applied for: - ………………………………………………………..........**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Name: -** | | | | | | | | | |
| 1. **Date of Birth & Age: -** | | | | | | | | | |
| 1. **Category: -** | | | **GEN** | **OBC** | | **SC** | **ST** | | **PwD** |
|  |  | |  |  | |  |
| 1. **Address for communication: -**   **Mobile number: -**  **Email address: -** | | | | | | | | | |
| 1. **Educational Qualifications: -** | | | | | | | | | |
| Exam passed | Discipline/Specialization | Institute Name | Year of Passing | | %Marks/CGPA | | | Class | |
| PG |  |  |  | |  | | |  | |
| UG |  |  |  | |  | | |  | |
| 10+2 |  |  |  | |  | | |  | |
| 10 |  |  |  | |  | | |  | |

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| --- | --- | --- | --- |
| 1. **Experience (in chronological order, if any): -** | | | |
| Name of Organization | Period | | Designation & Nature of Duties |
| From | To |
|  |  |  |  |
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| 1. **Other documents if any: -** | | | |
| a) | | | |
| b) | | | |
| c) | | | |
| d) | | | |
| e) | | | |

**Note: Self attested documents to be enclosed**

**DECLARATION**

**“I hereby declare that the entries in this form are true to the best of my knowledge and belief. I understand that my candidature will be cancelled if any of the information is found to be false or incorrect. Further, if selected, I will abide by the rules and regulations of the Institute and also the directions given to me from time to time.”**

**Place: - ............................ Signature of the Applicant**

**Date: - ............................ Name: - ........................................**