## **APPLICATION FOR M**

1.	Name of the													
2.	Full Name of (in Capitals)	P.	passport size photograph											
3.	Date of Birt													
		Da	•	Ionth Year										
4.	Gender: (Write '1' for Male, '2' for Female '3' for Transgender)													
5.	Marital Stat	us:												
6.	Father's/Husband's Name:													
7.	Mailing Address (in block letters):													
						• • • • • • • • • • • • • • • • • • • •								
	Tel. No. :													
	E.mail ID (if any):													
8.	Nationality:													
9.	Whether Physical Handicapped? : (Write '1' for Yes, '2' for No)													
10.	Category (please tick √)  SC ST OBC GENERAL EWS													
11.	All Education	onal/other profes	sional Qua	alifications/Trainin	g Courses etc from	10 <sup>th</sup> Standard	Board Examinatio							
Level		Division/Grade % of Marks	Year of Passing	Duration of the Degree/ Diploma	Board/University	Subject	Subject of Specialization							
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## 12. Brief professional experience:

Office/Instt. Firm	Post held	Part time/ Contract Basis/ Ad-hoc/ regular/ Temp./pmt.	Exact dates to be given (indicate day, month & year)		Total Period (in years)			Scale of pay	Nature of duties
			From	To	Years	Months	Days		
3. Any other re	elevant info	ormation:							
4. Details of e	nclosures:	1)							
		2)							
		3)							
		,							
			De	<u>claratio</u>	<u>n</u>				
I hereby	declare tha	nt all the statem	ents mad	de in the a	nnlicati	on are f	rue an	d complete	e to the best of m
nowledge and beli								-	
be guilty of any t				_	or inc by	1411 1514	itaco	<b></b>	in accidica by the
oc guilty of ally t	ype of fills	Conduct Inchillon	ea neich	1.					
Date:				1	Signatu	re of cai	ıdidat	e	
		Address:							