



APPLICATION FORM



Adv No _____

Dated _____ / _____ / 2023

Post applied For		Photograph
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1. Applicants Name:

2. Father's Name:

3. Date of Birth:

4. Sex.

5. District of Domicile:

6. Identity proof No
(Voter ID Card/PAN card/Driving License/Adhar card/passport)

7. Please Mention if SC/ST/SEBC/UR

8. Age as on 01.01.2023

9. Present Contact Address
with Telephone No:

10. Permanent Contact Address

11. E mail Address:

12. Mobile No

13. Academic and Professional Qualification in detail with Computer Knowledge

Exam Passed	Name of Board & University	Year of Passing	Marks (excluding 4 th Optional)			Duration of the Course
			Full Mark	Mark Secured	%	

12-9

14. Post Qualification Experience				
Sl. NO	Name of the Post	Name & Address of the Organisation	Period of Working	
			From	TO

15. Employment Record:
Total Years of post qualification experience:
Years of experience in the Development sector/NGO:
Years of experience in Government:

Declaration:

I do hereby declare that the information furnished above are true to the best of my knowledge and belief and that, if at any stage, it found that any of the material information is false/incorrect or is suppressed by me; my candidature/appointment is liable to be rejected/terminated.

Further, I do undertake that I have requisite qualification for the post of Doctor and I will produce all original documents before the selection committee as when required.

Date:

Place:

Full Signature of the Applicant

Note:

The following documents are to be enclosed alongwith the application

- Self attested Photo copies of all qualification related documents, in support of age, qualification, experience etc.
- One passport size colour photograph.
- Self attested photocopy of Identity proof(Voter ID Card/PAN card/Driving License/Adhar card/passport)
- Post qualification experience if any.

