Prescribed Format

APPLICATION FOR THE POST OF (Indicate one post only)

(Name of Post)

1 Nome of the Condidate (To be filled in Conited Letters Only)	
	Affix recent bassport size 4.5 x 3.5 cm)
2 Father's Name:	notograph self attested (not older than 06 months)
3. Date of Birth: D D M M Y Y Y Y	
4. Permanent Address	
Line 1	
Line 2 Pin Code	
Line 3 Telephone	
State:	
5. Address for correspondence	
Line 1	
Line 2	
Line 3 Pin Code Telephone	
State:	
Mobile No	
E-mail ID-	
6. Caste/Category : (Please tick(\sqrt)	ESM Dept Candidate
7. Aadhaar Details	
8. If applied under PwBDs: Category (attach certificate) Disability (VH/HH/OH/MD) We Disability (Yes/N	required

•		Male			Fem	ale		Trans	gender		
National	ity:										
. Marital Status: Single/Married/Divorced/Separated											
Religion	:										
Education	nal qualifi	cation(Ma	atricu	lation	onwar	ds)(attach cer	tificate)	:		
Qualification University/Board		d	Year of Passing				Percentage of Marks		Div/Class		
Experier	nce (attach	n certificat	e):								
Post held & Pa Scale		3		Period of Service From To				I Natu		re of Duties	
15. Identification mark(please write in the box)											
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I have in	formed my	y Head of	the	Office/	Deptt.	in w	vriting that	I am ap	plying fo	r this post.	
public th	nrough po										
e if not a	oplicable}										
							(Sigr	nature o	f the can	didate)	
Enclosures :- 1)						((Thumb impression)				
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