**Application format**

**Affix recent passport size photograph (self -attested)**

1. **Full name (in capital letters): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Post applied for (including scheme name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Father’s / Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please enclose/attach the scanned copy of your birth certificate/School Certificate bearing date of birth)**

1. **Age in completed years (as on 31st December, 2024): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Address for communication (complete address with pin code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Date of retirement/superannuation (if the applicant has retired/superannuated): \_\_\_\_\_\_\_\_\_\_\_\_\_**
	1. **Organization/Institution/Department from which retired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	2. **PPO No. and date of Issue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Qualifications (Graduation onwards) \*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of Degree/Diploma** | **Name of the college/institution/university** | **Year of completion** | **Percentage/ Grade/ CGPA** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\* Please enclose self-attested supporting documents**

1. **Regulatory Council Registration Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Relevant work experience \* :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of the post** | **Name of the Organization / Department** | **Years of experience** | **Nature of duties / Key responsibilities** |
|  |  |  | **From** | **To** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\* Please attach self-attested supporting documents**

1. **Research papers / publications on (if applicable) \*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Name of Research / Project/Publications** | **Name of publication** | **Date of publication** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\* Please attach self-attested supporting documents**

1. **Teaching/training experience (if applicable) \*:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Name of the post**  | **Name of University/ Organization** | **Duration** | **Nature of duties / Key responsibilities** |
| **From** | **To** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**\* Please attach self-attested supporting documents**

1. **No Objection Certificate (NOC) from the institution where presently employed (if presently employed): Enclose copy**

**Declaration:**

**I certify that the above information is correct and complete to the best of my knowledge & belief and nothing has been concealed/distorted. If at any time it is found that any information is incomplete/false concealed then, my appointment shall be liable to cancellation/termination and action can be taken against me accordingly.**

**Date:-**

**Signature of applicant**

**Place:-**