

Annexure A
APPLICATION FORM

- 1** Name of the Post Applied for:
- 2** Name of the Candidate (in BLOCK LETTERS):
- 3** Gender:
- 4** Date of Birth (DD/MM/YYYY):
- 5** Father's Name:
- 6** Mother's Name:
- 7** Marital Status (Married/Unmarried):
- 8** Present Address for Correspondence:
- 9** Permanent Address:
- 10** Phone Number / Mobile Number:
- 11** Email ID:
- 12** Educational Qualifications

Sr. No.	Degree	% of Marks/CGPA	Year of Passing	Board/University

13 Details of Experience

Sr. No.	Designation	Institute/Employer Name	Period (From–To)	Reason for Leaving

14 Research Projects (If Any):

15 Research Skills/Techniques:

16 Publications (Top 10, if any):

17 Typing Speed (Words per Minute):

18 Have you ever been declared unfit by a medical board/court for appointment in any government service? (Yes/No):

If yes, give details:

19 If selected, within what period would you require for joining the post?:

Declaration

I hereby declare that the information given above is true and correct to the best of my knowledge. In the event of any information being found false/incorrect at any stage, my candidacy/services are liable to be terminated without notice.

Place:

Date:

(Signature of the Candidate)

(Name in Block Letters)

Checklist for Documents to Attach

1. Date of Birth Proof
2. Educational Certificates
3. Experience Certificates
4. Address Proof
5. Proof/First Page of Publications claimed
6. Any Other Relevant Certificates