

APPLICATION FORM

(To be submitted in BLOCK LETTERS only)

1. NAME OF THE POST APPLIED FOR: _____

2. NAME & DESIGNATION OF THE APPLICANT (IN FULL) WITH OFFICE ADDRESS: _____

3. DATE OF BIRTH (DD/MM/YYYY) _____

4. ADDRESS FOR COMMUNICATION: _____

E MAIL: _____

5. TELEPHONE NO: OFFICE _____ RESIDENCE _____ FAX NO. _____

6. ELIGIBILITY CRITERIA:

	AS PER JOB DESCRIPTION	POSSESSED BY THE OFFICER	WHETHER ELIGIBLE OR NOT
QUALIFICATION			
EXPERIENCE			
AGE ON THE DATE OF VACANCY			
ELIGIBLE PAY SCALE			
EXPERIENCE IN THE ELIGIBLE SCALE OF PAY			

7. POSITIONS HELD DURING THE PRECEDING TEN YEARS:-

SL. NO.	DESIGNATION, AND PLACE OF POSTING	ORGANIZATION	FROM	TO	PAY SCALE
1.					
2.					
3.					

8. WHETHER ANY PUNISHMENT AWARDED TO THE APPLICANT DURING THE LAST 10 YEARS AND ALSO WHETHER ANY ACTION OR INQUIRY IS GOING ON AGAINST HIM AS FAR AS HIS KNOWLEDGE GOES.

DATE:

(NAME AND SIGNATURE OF THE APPLICANT)