Affix recent self-attested Photograph

APPLICATION FORM

1. **Name of the candidate (IN CAPITAL LETTERS)**

2. Parentage (IN CAPITAL LETTERS)

3. Sex_____

4**. Date of Birth (as per records)**

D	D	M	M	Y	E	A	R

5. Marital status_____

6. **Age as on 01-01-2020**

YEAR	MONTHS	DAYS

7. Tick mark the appropriate Category

General	ST	OBC	Others

9. Correspondence address

10. Academic/professional qualification: (Matric onwards)

Examination	University / Board / Institute	Class / Division	OGPA / Percentage	Year of Passing	Subjects

11. Weather you possess computer Diploma

Yea		No	

12. Any other experience

13. Contact details:
Mobile: _____ **Email**: _____

Declaration

I hereby declare that the information given by me in this application form is complete and true to the best of my knowledge and belief and that discrepancy / false information, if detected at any time before or after the interview / selection, I shall be bound to face action as per the decision of the employer.

Place:
Date: **Signature**