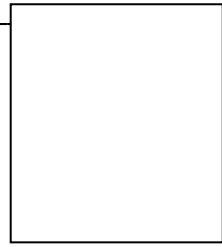


Application Form for the Post of



Name of the post/ Category of the fellowship:

- 1. Name : _____
- 2. Gender : Male/ Female
- 3. Father's Name : _____
- 4. Mother's Name : _____
- 5. Date of Birth : _____
- 6. Mailing/Permanent address: _____

- Contact: _____
- Email: _____

7. Academic Qualification:

Examination	Year of Passing	Name of the Board/ Institution	Marks obtained /OCA out of	Division/ % age of Marks
Matric				
10+2				
B.Sc.				

8. **Field Experiencer:** Yes/ No **Computer Experiencer:** Yes/ No

9. **Experience** :

Designation	Nature of Work	Institution & Place of posting	Period (From-to)	Duration (y, m)

Total Experience:

.....
Certified that all information provided is true and best of my knowledge.

Date: _____

Signature of the Applicant