



APPLICATION FORM

Post Applied for : _____

1. Name of the candidate:	
2. Father's Name:	
3. Mother's Name:	
4. Date of Birth:	
5. Sex (Male/ Female)	
6. Citizenship:	
7. Permanent address:	
8. Corresponding address:	
9. E-mail ID:	
10. Contact Number: (a) Mobile No. (b) Landline No.	

11. Educational Qualification:

S no	Degree	Board/University	Year	Subject	Grades/Percentage
1					
2					
3					
4					

12. List of Publications (enclose the first page of publication as proof):

13. Experience:

14. Professional skills/ other information, if any:

15. List of enclosures:

(Copies of proof of age, skills, qualifications, research publications and experience etc.)

DECLARATION

I hereby solemnly declare that all statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information/ fact being found untrue/ false/ incorrect, my candidature/ appointment is liable to be cancelled/ terminated besides taking any other action deemed fit in this regard.

Date:

Place:

Signature of the Candidate