<b>Pro</b> Jaw	<b>forma</b> aharlal	of a	<b>pplica</b> tute of	tion 1	PECIA for th graduat	e post	t of					(2	<b>017</b> ) -	- (GR			ITY) POST	<u>rs)</u> (0	Code I	No:	) at
1	Name	in <b>Bl</b>	ock le	tters					:												
2	Father's name					:	:									Affix recent					
3	Date of birth in Christian era and Age as on (28.04.2017)						: <b>D</b>	: D D M M Y Y Y Y Age								Passport Size Photograph					
4	Sex	ex :					: Ma	: Male Female								Attested by Self					
5	Natio																				
6	Religion						:	:													
7	a) PwD(Persons with Disability)								:	:											
	b) % of disability							: _	:												
8	Categ  Addr	-	r com	munio	cation	(In C	apital	Lette		UR _	]	ОВС		S	C		ST	]			
9																					
	P	I	N	C	0	D	E														
		No.:	IN			D	E	:													
	E-Mail ID																				
	Aad	har N	lo.																		
	Educa	ationa	al qua	 lificat	ions f	rom N	 Iatric	 ulatio	 n /SSI	C on	 wards	 :									
	Sl. No		nal qualifications from Matriculation  Educational Qualification (F  SSLC/Matriculation)							rom Marks/Grade Obtained				Year of Passing			Naı	Name of the Board /Institute/ University			
10	1																				
10	2																				
	3																				
	4																				
		5								Sector Undertaking (Autonomous : Yes							No No				
11	Whether employed in Central/State Govt./Public Sector bodies if yes mention the status of the office (Put (☑ a																				
12	DETAILS OF EXPERIENCE:- Sl.No. Name of the Institute					e	Natu				re of work				From			To			
	1																				
	3																				
	5																				
13. I attach attested copies of certificates/degrees in support of age, category, PwD, qualification, experience etc. as per list																					
enc	losed in	n <b>An</b> ı	nexur	e.						Decla	ration	<u>1</u>									
		I_								hereb	y decl	are tha	ıt all tl	ne state	ement	s mad	e in th	is app	licatio	n are t	rue,
	•	and co				•		_	d beli	ef. In	the ev	ent of	any ir	ıforma	tion b	eing f	ound f	alse o	or inco		
	•	and de	etected	l befoi	re or a	fter ex	am/In	terviev	w, I he	reby c	onvey	my co	onsent	for ca	ncella	ition o	of my c	andid	ature.		
Pla Da															Sign	atur	e of t	he C	andi	date	

## **ANNEXURE**

## **CHECK LIST**

S.No	Particulars of enclosures	Please Tick (√)
1.	BIRTH CERTIFICATE	
2.	SSLC CERTIFICATE	
3.	HSC CERTIFICATE/ PRE-DEGREE CERTIFICATE	
4.	I.T.I CERTIFICATE	
5.	DIPLOMA CERTIFICATE	
6.	BACHELOR DEGREE CERTIFICATE	
7.	PERSONS WTH DISABILITY CERTIFICATE	
8.	COMMUNITYCERTIFICATE (IN CASE OF OBC/SC/ST)	
9.	EXPERIENCE CERTIFICATE	
10.	WHETHER AFFIXED SELF-ATTESTED PASSPORT SIZE PHOTOGRAPH	
11.	WHETHER SIGNED IN THE APPLICATION UNDER DECLARATION AND CHECK LIST	
12.	OTHERS (IF ANY)	

Place:	
Date:	Signature of the Candidate