

Form to be filled by the applicant

Name of the applicant _____

Father's Name _____

Mother's Name _____

R/o _____

Name of the Post applied for _____

Category: OM/SC/ST/ALC/RBA/Phy. Handicapped/Ex-Servicemen _____

Advertisement Notice No. _____

Space for
Photograph**Academic Qualification:**

	Marks obtained	Maximum Marks	%age	Year of Passing	Session	Name of the Institute
10 th						
12 th						

Technical Qualification:

Course	Marks obtained	Maximum Marks	%age	Year of Passing	Session	Name of the Institute
Diploma in GNM						
Higher Qual.						

Certified that above statements given by me is true to the best of my knowledge.

Dated:**Signature of the applicant****For Office Use Only/Receipt****S. No.** _____

Name _____ Parentage _____

Applied for post _____ Encl _____ Dated: _____

Signature of Receipt Clerk