

APPLICATION FOR NON-ACADEMIC POSITIONS

(Please type or write in black ink)

ADVERTISEMENT DATE	Reference Number*	Photograph																																
1. POST APPLIED FOR:																																		
2. NAME IN FULL (in block letters) MR./MRS./MISS.																																		
3. PERSONAL DATA :																																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center; border-bottom: 1px solid black;">Date of Birth</td> <td colspan="3" style="text-align: center; border-bottom: 1px solid black;">Place of Birth</td> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">Marital status</td> </tr> <tr> <td style="text-align: center; border: 1px solid black;">Day</td> <td style="text-align: center; border: 1px solid black;">Month</td> <td style="text-align: center; border: 1px solid black;">Year</td> <td style="text-align: center; border: 1px solid black;">Town/ Village</td> <td style="text-align: center; border: 1px solid black;">District</td> <td style="text-align: center; border: 1px solid black;">State</td> <td style="text-align: center; border: 1px solid black;">Married <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">Single <input type="checkbox"/></td> </tr> <tr> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td style="border: 1px solid black;"> </td> <td colspan="2" style="text-align: center; border: 1px solid black;">Do you belong to Scheduled Caste / Tribe**</td> </tr> <tr> <td colspan="6"></td> <td style="text-align: center; border: 1px solid black;">Yes <input type="checkbox"/></td> <td style="text-align: center; border: 1px solid black;">No <input type="checkbox"/></td> </tr> </table>			Date of Birth			Place of Birth			Marital status		Day	Month	Year	Town/ Village	District	State	Married <input type="checkbox"/>	Single <input type="checkbox"/>							Do you belong to Scheduled Caste / Tribe**								Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Mailing Address Phone Fax: E-mail	Permanent Address PhoneFax:																																	
4. SALARY DETAILS of present (or last) position																																		
Scale of pay	Basic pay	Allowances	Total	Time required to Join if selected	Minimum basic Salary acceptable																													
5. EDUCATIONAL QUALIFICATIONS :																																		
Degree/Examination	University/Institution	Year	Discipline	Division/ Class	% of Marks	Rank in Board/Uni versity																												
M.A/ M.Com/ MBA or any other specify																																		
B.Tech. or Equiv./ B.Sc./B.A/ B.Com.																																		
H.S. or Equivalent																																		
Madhyamik/Matric or Equivalent																																		
Any other																																		

* To be filled in by the office; ** If yes, attested copy of certificate from competent authority to be attached

6. EXPERIENCE (Please indicate the latest first)					
University / Organisation/Institute	Designation	From	To	Total Period	Nature of Experience
7. REFERENCES (Responsible persons, not related to the applicant but closely acquainted with applicant's academic and professional work)					
Name and Designation			Address		
1.			Phone : Fax : E-mail :		
2.			Phone : Fax : E-mail :		
3.			Phone : Fax : E-mail :		
LIST OF ENCLOSURES					
1. 2. 3. 4. 5.					
I hereby declare that the entries in this form are true to the best of my knowledge and belief. Date : Place : Signature of the applicant					

N.B. If space is insufficient for any item, you may enclose additional sheets.