## FORM OF APPLICATION (For use of candidates)

Affix your recent Passport size self-attested colour Photograph

Advertisement No.		
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01.	Name in Full (Block Letters)				
02.	Fathers Name				
03.	Date of Birth	PI	Place of Birth		
04.	Marital status	Se	Sex (Male/Female)		
05.	Nationality and Religion				
06.	Permanent address	Αc	ddress fo	r Corresponder	nce
07.	Telephone Number				
	Mobile number				
	E-mail Id (if any)				
08.	Please, state whether you belong to SC/ST/OBC/Physically Handicapped / Gen category				
09.	Are you willing to accept the minimum initial poffered, if not, state what is the lowest initial pay to you would accept	-			
10.	Present Post held with Designation & name of the Organization were employed				
11.	Present salary with pay scale				
Pay Scale	Basic Pay	D.A.	H.R.A.	Any Other Allowances	Total Rs.
12.	Were you at any time declared medically unfit, ask to submit your resignation, discharged or dismisse from Government or private service?				

degr	ees obtained	commencing with the H	ase give particulars of all eigh School Level (10th sertificates and mark sheets	standard / M	atriculation)
	Examination	School/ College I Institute	Name of the Board/ University/ Institution	Date of Passing	% of marks

14. Details of employments: Please give particulars of your present and past employments in chronological order, starting with the present one:

SI. No.	Organization/ Institute	Position held	Nature of duties / work	From - To	Last Pay

## **Declaration: I solemnly declare that:**

- I. The foregoing information is complete and correct. I am not aware of any circumstances which may impair my fitness for employment in the NID MP.
- II. I have never been disqualified from University work/appearing in any University examination.
- III. I have never been dismissed either from Govt. or from University, college or other Public or Private Organisation service.
- IV. I have never been prosecuted, kept under detention or bound down / fined, convicted by the Court of Law for any offence.

Court of Law for any offence.	
Place:	
Date:	
	SIGNATURE OF APPLICANT