PROFORMA FOR APPLICATION

PHOTO

APPLICATION FOR THE POST OF _____ ON
LOCUM/ADHOC BASIS

1. Name in full beginning with Surname : Shri/Smt./Kum._____

   (In Block Letters)   _____

2. Nationality   : _____

3. Sex (Male / Female)   : _____

4. Marital Status (Married/Single/   : _____
   Widower/Widow)

5. Date of Birth (in Christian era)   : _____

6. Address in Block Letters   : _____

   a) For Correspondence   _____

      (with Pin Code / Tel.No. if any)   _____

   b) Permanent Address   : _____
                                          _____

   c) Mobile No   : _____

   d) Email ID   : _____

7. a) Whether the applicant belongs
      to SC/ST (If yes, please state   : _____
      SC/ST)
   b) Please state name of SC/ST   : _____

8. Educational and Professional Qualification from SSC onwards :

Sr. No.	Examination (Passed)	University /Board/ Institution	Year of Passing	Subjects with marks secured	Class/Grade & % of marks
1)					
2)					
3)					
4)					
Appeared or due to appear					
5)					

9.   Experience (particulars of all previous and present employment are to be furnished)

Name and address of employer / Institution	Post held / Pay & scale of pay	Whether Central/State Govt./Public Sector Undertaking	Period of service		Permanent or Temporary	Reason for leaving
			From	**To**		

10.   Area of Specialisation

11.   Details of relative employed in D.A.E. or its Constituent Units:-

Sr. No.	Name of relative	Relationship	Unit in which employed	Post held

12.   Any other information you may wish to add :

13.   List of documents (as per checklist) to be attached to the application :

_____

(Signature)

Date   : _____

Place : _____

CHECKLIST FOR THE CANDIDATES (TO BE ATTACHED TO THE APPLICATION)

Put **[X]** in the applicable box

1.   Single copy of application completed and attached   [   ]

2.   Photograph pasted   [   ]

3.   Application signed by applicant   [   ]

4.   An attested copy of each of following certificate is attached

a]   Date of Birth   [   ]   b] SC / ST Certificate   [   ]

c]   Physically handicap   [   ]   d] Educational & professional   [   ]
                                                  qualification

e]   Experience   [   ]   f] Checklist attached   [   ]

Date _____   Signature_____