

Pro forma for the Post of _____ in
Department of Empowerment of Persons with Disabilities (Divyangjan)

BIO-DATA

Affix latest
passport size
photograph

A. Post Applied for:
(Please mention the name of the post applied for)

B. Personal Information:

| | | |
|-----|--|--|
| 1. | Full Name (in Block Letters) | |
| 2. | Father's/Husband's Name | |
| 3. | Address for Communication | |
| 4. | Telephone/Mobile No. | |
| 5. | E-mail ID | |
| 6. | Date of Birth | |
| 7. | Age as on 30.04.2023 | |
| 8. | Educational Qualification from 10 th Standard Onwards (Please enclose copy of Certificate/Mark Sheet) | |
| 9. | Professional Qualification | |
| 10. | Bar Counsel Registration Details (Only in case of Legal Consultant) | |

C. Details of previous employment/experience with valid documentary evidence (in Chronological Order)

| Organization Detail | Period of Employment | Nature of Assignment Undertaken | Last Salary Drawn |
|---------------------|----------------------|---------------------------------|-------------------|
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D. Certified that the information furnished above are true to the best of my knowledge and belief. I understand that in case, any of the information furnished above is found to be false, at

any stage before or after appointment, my appointment shall be liable to be cancelled and suitable legal action can be taken against me.

Enclosures:

Signature of the applicant

Date: