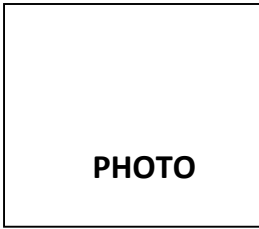


CENTRE FOR DISABILITY SPORTS

APPLICATION FORM



PERSONAL INFORMATION												
POST APPLIED FOR												
NAME (as on AADHAR Card)	FIRST											
	MIDDLE											
	LAST											
DATE OF BIRTH	D	D	/	M	M	/	Y	Y	Y			
AADHAR CARD NO												
MOB. NO. (with Country Code)	1.	P	R	I	M	A	R	Y				
	2.	A	L	T	E	R	N	A	T	E		
MAIL ID.	1.	PRIMARY										
	2.	ALTERNATE										
PERMANENT ADDRESS	HOUSE NO., STREET, AREA											
	CITY											
	STATE											
	COUNTRY											
	P	I	N	/	Z	I	P		C	O	D	E
COMMUNICATION ADDRESS	HOUSE NO., STREET, AREA											
	CITY											
	STATE											
	COUNTRY											
	P	I	N	/	Z	I	P		C	O	D	E

EDUCATION QUALIFICATIONS										
COURSE/DEGREE	DOMAIN	INSTITUTE/ UNIVERSITY			YEAR OF COMPLETION	MARKS/%AGE/ CGPA/GRADE				
B.A. Bachelor in Science	Sports Coaching									
B.G. M.Sc.	Physiotherapy									
B.S. Diploma	Sports Coaching									
ADDITIONAL CERTIFICATIONS (IF ANY)										
COURSE/CERTIFICATE	DOMAIN	CERTIFYING AGENCY			YEAR OF COMPLETION	MARKS/%AGE/ CGPA/GRADE				
B.G. FIH LEVEL I	HOCKEY	FIH								
B.G. ASCA LEVEL I	Strength & Conditioning	Australian Strength Conditioning Association								
PRESENT EMPLOYER DETAILS (To be filled only if employed by or working for an entity)										
ORGANISATION										
DESIGNATION										
DATE OF JOINING	D	D	/	M	M	/	Y	Y	Y	Y
REMUNERATION	MONTHLY GROSS									
EMPLOYMENT TYPE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT									

PREVIOUS EMPLOYMENT DETAILS:

(To be filled only where employed by or working for an entity)

ORGANISATION	DESIGNATION	TIME PERIOD	TYPE	REFERENCE
1		FROM	<input type="checkbox"/> FULLTIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT	NAME DESIGNATION H. NO EMAIL
		M / /		
		TO		
		M / / Y Y		
2		FROM	<input type="checkbox"/> FULLTIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT	NAME DESIGNATION H. NO MAIL
		M / / Y Y		
		TO		
		M / / Y Y		
		FROM		
		M / / Y Y	<input type="checkbox"/> FULLTIME	NAME
		TO	<input type="checkbox"/> ON CONTRACT	DESIGNATION
		M / / Y Y	<input type="checkbox"/> CONSULTANT	PH. NO EMAIL

STATEMENT OF PURPOSE

(the candidate may elaborate on why he/she is applying for this role and the nature of impact he/she intends to create in his/her capacity)

DECLARATION BY CANDIDATE

I do hereby declare that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect or not satisfying the prescribed eligibility criteria for the post applied for, my candidature is liable to be cancelled / rejected at any stage of selection. I also undertake that if I am selected for contract appointment in CDS, I will not claim for absorption / regular appointment on this basis.

I also undertake that I have not been convicted by any court of law nor any criminal proceedings are going on against me.

Signature of Candidate

Date:

Place:

