## APPLICATION FORM

## Application for the Post:

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| 1. | Full Name <br> (in block letter) |  |
| :--- | :--- | :--- |
| 2. | Father's Name/ <br> Husband's Name |  |
| 3. | Address for <br> Permanent |  |
| 4. | Address for <br> Correspondence |  |
| 5. | Contact No <br> (Mobile, Landline No. \& E-mail <br> Id) |  |
| 6. | Date of Birth <br> (DD/MM/YYY) |  |
| 7. | Gender <br> (Male/Female) |  |
| 8. | Marital Status <br> (Married/Unmarried) | Languages Know <br> (English/Hindi/Gujarati/Other) |
| 10. | Category <br> (Open/OBC/SC/ST/Others) |  |
| 11. | If physically Challenged <br> (OH/VH/HH, Percentage of <br> disability) |  |
| 12. | Nationality |  |
| 13. | Domicile State |  |
| 1 |  |  |

14. Details of Educational and Technical Qualifications:

| Educational <br> Qualification | Discipline/ <br> Subject <br> Passed | University/Bo <br> ard | Month, Year <br> of Passing | Percentage <br> of <br> Mark | Division/ <br> Class/ <br> Grade |
| :--- | :--- | :--- | :--- | :--- | :--- |
| S.S.C |  |  |  |  |  |
| H.S.S.C |  |  |  |  |  |
| Bachelor <br> Degree |  |  |  |  |  |
| Master <br> Degree |  |  |  |  |  |
| Doctorate <br> Degree (Ph. <br> D.) |  |  |  |  |  |
| Computer <br> Experience |  |  |  |  |  |
| Other (of <br> any) |  |  |  |  |  |

15. Publication Details:

| Sr.No | Titles of publication | Journal/Media | Date/Volume |
| :--- | :--- | :--- | :--- |
|  | Research Paper |  |  |
| i) |  |  |  |
| ii) |  |  |  |
| iii) | Abstracts |  |  |
| i) |  |  |  |
| ii) |  |  |  |
| iii) | Popular Articles <br> i) <br> ii) <br> iii) |  |  |

16. Achievements/Awards/Contributions:
i)
ii)
iii)
17. Extracurricular Activities:
i)
ii)
iii)

I hereby declared that all the information furnished by me in this application form are true, compete and correct to the best of my knowledge and belief. I do understand that I need to obtain and produce original certificates enlisted in the form by me the time of interview. I understand that entries made by me in this application form are final and binding on me. I further declare that in the event any information being found false or incorrect, I shall be liable for disqualification as mentioned in the notification.

Place:
Date:
Signature of
candidate

## List of Enclosures:

1. 
2. 
3. 
4. 
5. 



