	Application Forma									
	Name in full (In Block le	tters) :								
	Father's Name	:				Affix se	elf-attested			
	Date of Birth (DD-MM-Y	Y) :				Passj	oort size			
	Community (SC/ST/OBC/EWS/Gen):						tograph			
	Religion	:								
	Marital Status -Married/Unmarried (If Married, mention Spouse Name):									
	Whether any of your Rela If Yes, please provide fol		ked in Irc	con- Yes/No						
	Name	Name				Designation				
	Place of Posting	Place of Posting				Relationship				
	Nature of Employment: R	egular/Contractual/	/Service C	ontract/Deputatio	on/Tenure (pleas	se tick).				
	Whether belong to Mino	rity : Yes / No								
	Last/Present Organization	on ·								
		Govt. (Central/State		PSU Auto. B	odies Others					
	(r rease tien)		,							
•	Correspon	Correspondence Address			Permanent Address					
	State	Pin		State Pin						
.1. .2. .3.	Contact Number with STD Code : E-Mail Address : Qualifications (Academic & Professional):									
	Exam Passed	Year of Passing			Marks obtained	Max. marks	%age o marks			

14. Work Experience as on 01-02-2024

Please give the detailed experience. Attach copy of **Experience Certificate(s)** or acceptable **proof of joining & relieving** in support of experience.

Post held with	Name of the Employer (Give the name of Organisation/ Company)		PERIOD		
scale of pay or gross emoluments		From Date DD/MM/YY	To Date DD/MM/YY	Total Duration (in Yrs. & Months)	Name of the Project(s) on which worked and nature of experience

Total Experience = ____ Years ____ Months _____ Days

Signature of the Candidate (Name of Candidate)

Declaration

I declare that the information furnished above by me is true to the best of my knowledge and belief and that nothing material has been concealed.

Place : _____ Date : _____

Signature of the Candidate