Online Application Form

Personal Det	ails										
Post Applied for				Fı	ull Name						
Address											
City			State						PIN		
DOB		(DD/MM/YYYY)	Age as on 15 June 2023		Years		Months		Days		
Sex		Category (GEN/SC/ST/OBC/P	WD)				Nationalit	:y			
Mobile No.			Email Id								
			•								
Educational	Qualification										
Degree/Clas	s Year School/College		Board/University		Sı	Subjects		ercentage	Divisi	ion	
Ph.D											
Post-Gradua	te										
Graduate											
XII											
Х											
Others (if an	у)										
Other Course	es & Certificatio	ns									
1											
2											
3											

Work Experience					
Name of the Organization/Institute	Designation	Period (from – to)	No. of Months	Brief Job Description	Remuneration

I certify that the above information are true, complete and accurate to the best of my knowledge and belief. I understand and acknowledge that any false statement knowingly made or withholding of any relevant information may result in the withdrawal of my application.

Place	
Date	

Name	