

6. INDICATE BY ✓ MARK IN APPROPRIATE BOX:

CATEGORY: SC ☐ , ST ☐ , OBC ☐ , EWS ☐

7. INDICATE BY ✓ MARK IN APPROPRIATE BOX:

Nature of Disability: OC ☐ , VI ☐ , HI ☐ , ID ☐

8. PERMANENT ADDRESS:

District:															
State:															
Pin Code:															

9.. EDUCATIONAL / PROFESSIONAL QUALIFICATIONS:

Educational Qualification	Board / University	Subjects studied/ Specialization	Year of passing	% of marks
Graduation (Specify)				
Post graduation (Specify)				
Other professional Qualifications/ Certifications, if any				

10. PRESENT EMPLOYMENT:

Name of the current employer	
Working with current employer since	
Rank & Designation of current employment	

**11. POST QUALIFICATION EMPLOYMENT /WORK EXPERIENCE DETAILS: as on
01.04.2019**

Name of the Employer/Address of the Employer & nature of Employment	Designation & rank if any	Total period of Service		Reason for Leaving	Years of Service YY/MM
		From	To		
Total experience					

12. In the Event of Selection:

- i) Notice period required to be served to get yourself relieved from the present Employer (in Months):

DATE:

PLACE:

SIGNATURE OF THE APPLICANT