

Application for the Post of

Affix Self-Attested recent Passport Size Photograph

	(Please fill t	he de	etail	s in	BLC	CK I	LETT	ΓERS u	ising b	lue/bla	ck pe	n or	ıly)						J
1.	Full Name																		
	Marital Status										G	ende	er						
2.	Present Address																		
3.	Permanent Address																		
4. Mobile No.																			
5.	Date of Birth Day Month Year			Age as on 01.08.2025															
6.	Aadhar Card	No.:																	
7.	Academic re	cord	star	ting	with	n Hig	h Sc	:hool: (Please	attach p	hoto	opie	s of d	egree	certi	ificat	es)		
	Degree	College/University/Institute					Year of joining				Year of passing			Per	cent	age			
																_			

8. Employment (Particulars of your past position(s)) (Please attach photocopies of experience certificates) Starting with current employment

Employer	Designation	Scale/PB/Consolidated	From	То	Total		
Employer	Designation	Salary	FIOIII	10	Years	Months	



Place:

	Professional Training Received									
	Year	Nature of Training	Duration							
			,							
10.	Membership	of Professional Bodies/Gym	Ctatus of March archive Life/August							
		Name of the Body	Status of Membership: Life/Annual							
11.	Important Sp	oorts Events/Yoga Sessions attended								
		<u>.</u>								
	Year	Conference/Seminars Attended	Title of Paper read (If any)							
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12.		addresses of Two Referees (Should be								
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12. SI.	Names and a Name I hereby dec to me, and to	Addresses of Two Referees (Should be Address lare that I have carefully read and under that all entries in this form as well as	reputed citizens of India) Email							
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Signature



Annexure 'A'

List of Enclosures:

SI.	Particulars	Enclosed (Yes/No)				
No.						
1.	Academic Certificates (Self-Attested Copies)					
	High School					
	 Intermediate 					
	 Graduation 					
	 Post-Graduation 					
	 Certificate/Diploma if any 					
	 Any other degree/diploma 					
2.	Proof of Date of Birth					
	Copy of identity Proof (Aadhar/Passport/Driving license)					
3.	Experience certificates					
4.	Professional Training attended if any					
5.	Membership of Professional Bodies if any					
6.	Important Sports Event/Yoga Sessions Attended					
7.	Medical Fitness certificate (to be produced at the time of					
	interview) (template given at Annexure B)					
8.	Latest Resume/CV					

DECLARATION

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

I understand that in the event of any information being found false or incorrect at any stage, my candidature/appointment shall be liable to be cancelled /terminated summarily without notice or any compensation in lieu thereof.

Place:
Date:
Signature of the Candidate

Note:

- 1. In case of any concealment/distorted information found at any stage by the candidate, his/her candidature will be cancelled with immediate effect.
- 2. Candidate will not be allowed to appear for the interview in case of non-production of original documents related to education/experience.



Annexure B

MEDICAL CERTIFICATE

TO WHOM SO EVER IT MAY CONCERN

I, Dr	do hereby certify the	nat I have carefully
examined	S/o	
	whose signature is given	
Based on the exa	amination, I certify that he/ she is in good mental and p	physical health and is
free from any phy	ysical defects which may interfere his/her professional w	ork include the active
outdoor duties re	equired for a professional purpose.	
	cording to his own statement is	and appearances
Place: Date:	Official Seal	and Signature
	DECLARATION BY CANDIDATE	
Ι	a candidate for employment in the	
hereby declare t	that not at any time I been pronounced unfit for Govt	employment by the
medical board or	r any other constituted medical authority.	
Date:	Signature of	the Candidate