Application Form

Photo

Application for the Post of	
NAME OF CANDIDATE:-	
PRESESNT ADDRESS:-	
E-mail:-	
Mob. No.:-	

EDUCATIONAL QUALIFICATION:-

Qualification	University/ Board	Year of Passing	Percentage / CGPA	Class Obtained

DETAILS OF EXPERIENCE:-

Name of University / College / Institute / Organization	Post	Period	Experience in Years / Months	Remark

DIT	DI I	CAT	ri o i	NIC
Pυ	БЫ	[CA]		N2:-

Article / Paper	Name of Journal / Book in which published	ISSN Number

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PROJECT UNDERTAKEN:-		
1)		
2)		
COMPUTER SKILLS:-		
PERSONAL INFORMATION:-		
Date of Birth :	Age as on 30.06.2015:	
Marital Status :	Caste and Category:	
Gender :	Languages known :	
DECLARATION:-		
I confirm that the information	n as above provided by me is	true and correct to the
best of my knowledge and belief.		

Place :	Signature:-
Date :	Name:

Date of Application Received	d:	Application No.:-	
Candidate eligible/ not eligi	ble for the post:		
Verified by	Office Supe	dt.	Principal

FOR OFFICE USE ONLY:-