

# Proforma

Affix  
PassPhoto  
here

APPLICATION FOR THE POST OF : .....

1. Name : .....

2. Father's Name : .....

3. Permanent Address : .....

: .....

: .....

4. Contact Number : .....

5. E-Mail : .....

6. Date of Birth : .....

7. Blood Group : .....

8. Identification mark on body : .....

9. Education Qualification : .....

: .....

: .....

: .....

10. Whether SC/ST/OBC : .....

11. Experience : .....

: .....

: .....

12. Place/office where worked earlier:.....

: .....

: .....

## DECLARATION

I hereby declare that the above information is true and correct to the best of my knowledge and belief.

Signature of Candidate

Date: .....

Place: .....