

CANDIDATE’S APPLICATION FORM

Instructions

Each question must be answered clearly and completely. Details are required in order to make appropriate arrangements.

1.Personal Data:

PHOTO

Signature

Name (In Block letters):

Age: year

Gender: | Male Female

Father’s Name (In Block letters):

Mother’s Name(In Block letters):

Email Id:

Exam Center: Agra Mathura Delhi Lucknow

Date of Birth: Date Month Year

Permanent Address:

District:

State:

Pin code:

Postal Address:

District:

State:

Pin Code:

Mob. No. :

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Position: (For which position you apply)

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Do you have Adhar No. : Yes/No

Adhar No:

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Type of ID:

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ID No.:

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Qualification Details:

Qualification	Subject	Board	Passing year

Professional Education:

Do you have any experience:

Designation: **Period Of Employment:**

Organization worked for:

Job Duties:

Category: ☐ General ☐ OBC ☐ SC ST ☐

Nationality:

Marital Status: Married ☐ Unmarried ☐

Any Disability:

Type of Disability:

Declaration:

I hereby declare that the information given by me in this form is 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 candidate appointment is liable to be cancelled & terminate.

☐ I agree.

Date: ____/____/____