APPLICATION FORM

CO PROTECTION OF THE PARTY OF T	PRIVAT			CIAL		
Application for the post of					РНОТО	
Applicants Name (In BLOCK Letters)						
Address for Corresponde	Permanent Address					
Phone/Mobile Number		E-Mail ID		3		
Date of Birth		Sex		Marital Status		
Mother's Name		Father's Name				

Educational Details-Attach Photocopies of Certificates and Mark sheets

Qualification	Name of	Duration		College/	Subject/	%/	Full Time/
	Qualification	From	То	University	Specialization	Grade/	Part Time/
	Awarded					Division	Distance
							Learning
Matriculation							
+2	-						
Graduation							
OTHER ·							
							7
				*			

Employment	Details (F	Previous)- Attach	Photoc	opies of E	xperie	ence	e Certific	cate	
Name of Organization		Design	ation	Key Responsibilities		ities	Period			
				Handled				From		То
-				9						
Current Empl	ovment-/	\ttach n	roof of (Turrent E	mnlovmo	nt				
				Current Employment				Coulding DA could be		
Name of Organization		Design	ation	Responsibilities Handled			Fro	orking om	Monthly Remuneration	
Computer Lite	eracy									
Package/Application			Details of Exposure/Proficiency							
Language Pro	Total Control									
Language	Ability t		7	Ability to read			Ability to Write		e	
	Poor	Fair	Good	Poor	Fair	Goo	d	Poor	Fair	Good
English										
Hindi										
Odia										
Others										

Declaration:

I hereby declare that the foregoing information is correct, genuine and complete to the best of my knowledge and belief and nothing has been concealed or distorted.

P	la	C	P	
	ıa	C	C	

Date:

Signature of Applicant