APPLICATION FORMAT FOR THE POST OF CONSULTANT

Affix your recent passport size photo& sign across

**Annexure - I**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.  | Name of the candidate in full (In block letters) | : | 1. Title (Mr./Ms./Mrs./Dr.)
 |  |

1. First Name

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1. Surname

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| 2. | Father’s Name(In block letters) | : |  |

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| 3. | Permanent Address (In block letters) | : |  |

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|  |  |  |  |  |  |  | Pin: |  |  |  |  |  |  | Mobile No. |  |  |  |  |  |  |  |  |  |  |

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| 4. | Address for Communication(In block letters) | : |  |

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| Email ID(in capital letters) : |  |

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| --- | --- | --- | --- |
| 5. | Date of Birth & Age | : | DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age: \_\_\_\_\_\_\_ years \_\_\_\_\_\_\_ months \_\_\_\_\_\_\_ days |

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| 6. | Gender(please put (√) mark) | : | Male |  |  | Female |  | 7. | Marital Status(Married/ Unmarried | : |  |

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| 8. | Whether belong to SC/ST/OBC/PH(mention details) | : |  | 9. | Religion | : |  |

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| 10. | Aadhar No. : |  |  |  |  |  |  |  |  |  |  |  |  |

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| 11. | Educational qualifications (From SSC onwards) : |

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| ***Sl. No.*** | ***Examination passed with group*** | ***Subjects*** | ***Board / University*** | ***Period*** | ***Percent-age*** | ***Division/******Grade*** |
| ***From******dd-mm-yy*** | ***To******dd-mm-yy*** |
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| 12. | Experience (with Organization name and period of experience) : |

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| --- | --- | --- | --- | --- | --- |
| ***Sl. No.*** | ***Name of the post/ position*** | ***Department/******Institution/******Organisation*** | ***Emoluments*** | ***Period*** | ***Total Years/ Months/ Days*** |
| ***From******dd-mm-yy*** | ***To******dd-mm-yy*** |
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| 13. | Nature of duties performed: (In Brief) |

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| 14. | Languages known : |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| a. | To speak | : |  |  |  |  |  |  |  |
| b. | To write | : |  |  |  |  |  |  |  |
| c. | To read | : |  |  |  |  |  |  |  |
| 15.16. | Details of previous Consultancy, if any :Additional Information, if any : |  |
|  |  |

**DECLARATION**

 I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any of the above information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled/ terminated without any notice or compensation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Place | : |  |  | Signature of the Candidate | : |  |
|  |  |  |  |  |  |  |
| Date | : |  |  | Name (In block letters) | : |  |