**APPLICATION FORM**

**Post applied for: Data Entry Operator -B**

1. Name of the applicant (in full block letters) ………………………………………………………

Scan copy of recent passport size photograph

1. Father’s /Husband’s Name ……………………………………………………………………………....
2. Date of Birth …………………………………………………………………………………………………....
3. Age as on 04.01.2023 : …………Years ………… Months……………Days………….….....
4. Gender (Male/Female) …………………………………………………………………………………...
5. Category (Caste Certificate must be enclosed)…………………………………………………
6. Present Address (with pin code) ………………………………………………………………….....

………………………………………………………………………………………………………………………...

1. Permanent address (with pin code) …………………………………………………………………

……………………………………………………………………………………………………………………………

1. Email ID ………………………………………………………………………………………………………………
2. Mobile No ………………………………………………………………………………………………………
3. Academic & professional Qualification (Starting From Higher Secondary)\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Name of the Exam | Board/University /College | Year of Passing  | Percentage of Marks |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. **Details of experience in\* - Starting with the current /most recent one**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Organization Name** | **Designation**  | **From**  | **To** | **Total in months/****years** | **Roles and Responsibility** | **Last Salary Drawn** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. Total Experience in years as above------------------------------------------------------------------
2. Knowledge of M.S Office : …………………………………………………………………………..
3. Any other information …………………………………………………………………………………………………………...

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**DECLARATION**

It is certified that the information provided as above is true & complete in all respects and to the best of my knowledge & Belief. If anything found wrong/Incorrect, my candidature stands cancelled.

(Signature of the Application)

Name…………………………………………………………

Place & Date……………………………………………………………...