APPLICATION FORM

Paste your recent passport size photograph here

Post Applied For : Deputy Director (Lab Services)

Category number :

Name (in Block Letter) :

Date of birth (dd-mm-yyyy) :

Age **(as on 31.12.2023)** :

Gender : Male ☐   Female ☐   Others ☐

Marital status :

Religion :   Caste :

Address for communication:
(With Pin code)

Permanent Address :

Phone (With STD Code) :

Mobile :

Email :

Educational Qualifications*:

Qualification	School / College / Institute	University /Board	% of mark	Year of passing
Graduation				
Post Graduation				
PhD				
Any other				

please add extra sheets for entering more qualifications, if any.

Work Experience*:

Period		Organisation	Designation	Job respons*i*bilities
From	**To**			

please add extra sheets for entering more experience, if any.

Total period of Experience Claimed: (Year & Month) _____

*Attested copies of Certificates showing qualification and experience shall be attached.

DECLARATION

I hereby declare that the above mentioned details are true and correct to the best of my knowledge. I understand that my candidature will be cancelled if any information mentioned above found to be false or incorrect.

Date: **Signature:**

Place: **Name:**

(For Office use only)

1) Certificates Enclosed   Yes ☐   No ☐

2) Qualification Adequate   Yes ☐   No ☐

3) Experience Adequate   Yes ☐   No ☐

4) Whether eligible to shortlist Yes ☐   No ☐

   If no, reason for Rejection   :

Date: **Project Director**