

Format of Application

Post applying for		_____	

<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;"> Passport Size colour Photograph </td> <td style="width: 50%;"> Fee Payment Details: </td> </tr> </table>	Passport Size colour Photograph	Fee Payment Details:	Transaction ID _____ Date _____ Time _____ Amount _____
Passport Size colour Photograph	Fee Payment Details:		
Personal Details			
Name of the Applicant	_____		
Father's Name	_____		
Mother's Name	_____		
Date of Birth	_____		
Gender	_____		
Country of Birth	_____		
State of Domicile	_____		
Country of Citizenship	_____		
Are you Native of UP			
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
11. Category	(Please tick appropriate)		
	General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> Others <input type="checkbox"/>		
12. Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	If Status is other than single then Name of the Spouse: -----	
12. Are you physically handicapped		Yes <input type="checkbox"/> No <input type="checkbox"/>	
if yes then is your physically handicapped certificate issued by competent authority's			

	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
13. Are you employed in government sector at present	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Have you ever been punished /convicted under any university/court of law or any government body?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Are you a Sport Person	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Extra Achievements	
<div style="border: 1px solid black; width: 60%; margin: 0 auto; height: 30px;"></div>	
17. Mailing Address	
	Current Address: _____ _____
	Phone Number _____
	Mobile Number _____
	Email Address _____
	Permanent Address: _____ _____
	Phone Number _____
	Mobile Number _____
	Email Address _____

18. Education Details

S.N.	Examination	Course /Subject	Board /University	From-To	Attempts	Percentage
1.	High School					
2.	Intermediate School					
3.	Graduation					
4.	Post-Graduation					
5.	Other Details					

(Please add extra rows if needed)

19. Experience

S. N.	Name of Post	Name of Institute/ College/ Hospital	From - To	Total Experience	Duration	Nature of Job (Regular/ Ad-hoc)	Experience type (Govt./Private)	Reason for leaving	Emoluments

(Please add extra rows if needed)

20. Any other qualification/experience

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I hereby declare that all the information provided above is correct to the best of my knowledge and no significant information has been concealed. I understand that in case this information is found to be incorrect at any stage, I shall be liable to face disciplinary/ legal actions including termination from the service.

Date/Place

Name and Signature of the candidate