

(संसद के अधिनियम के तहत स्थापित / Established under the Act of Parliament) जांट-पाली, महेन्द्रगढ़ (हरियाणा) / Jant-Pali, Mahendergarh (Haryana)

		Office Use Only
		Serial No.
APPLICATION FORM FOR ADMINISTRAT	<u>IVE_POSTS</u>	Paste your
1. Position applied for		recent passport size Photograph
Advt. No dated:		
2. Name of the Candidate :		
3. Date of Birth (dd/mm/yy):	Age as on Last date :	
4. Sex(M/F/O) :		
5. Father's Name :		
6. Mother's Name :		
7. Grand Father's Name :		
8. Address :		
(a) Correspondence :		
(b) Permanent :		
(c) Telephone :	E-Mail :	
9. Marital Status (Yes/No):		
If yes Spouse Name :		
10. Nationality :		
11. Ex Servicemen (Yes/No) :		
12. Reserved Category (SC/ST/OBC/PWD):	Document Enclo	osure No
13. If physically disabled, indicate the relevant particulars:		
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Nature of Disability	If applicable, Write 'yes'	Percentage of disability
a. Blindness or low vision :		
b. Hearing impairment		
c. Locomotor disability or cerebral palsy (includes all cases of Orthopaedically handicapped)		



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14. Academic qualifications (Attach additional pages, if required) : In case of CGPA, please convert it to percentage values based on the rules mentioned by your respective institutions. Criteria/Formula to convert CGPA to % (percentage) should be provided on the back side of the concerned DMC.

Name of the Class/Degree	Mode of Education (Regular/ online/ distance/ private)	Name of Institute	Board/ University	Status of Board/ University (Central /Deemed /State /Private)	Year of Passing	Percentage (%)	Division	Document Enclosed No.

15. Referees Details: Kindly provide names and addresses (including e-mail id and telephone number) of three or more Referees. The referee should not be relative of the applicant.

Name of Referee	Designation	Address	Email	Telephone No.

16. Present Employment:

Employer	Status of	Designati	Since	Pay	Group	Pay	Grade	Gross	Nature	Nature of	Document
Name	Organization (Central/ State/ Govt. Aided/ PSU/ Autonomous /Private)	on	date			Scale (In case of Graded Pay)	Pay	Pay	Of Employment (Permanent / Contract/ Ad-hoc)	Work	Enclosed No.



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17. Past Employment:

Employer Name	Status of Organization (Central/ State/ Govt. Aided/ PSU/ Autonomous /Private)	Designation	From Date	To Date	Pay	Group	Pay Scale	Grade Pay	Gross Pay	Nature Of Employment / Contract/ Ad-hoc)	Nature of Work	Docu ment Enclo sed No.

Total Work Experience (year month days): ____

18. Membership of Professional Bodies :

Name of body	Type of membership	From Date	To Date	Positions held	Document Enclosed No.

19 Demand Draft Details:

DD No	Bank Name	Branch Name	DD Date	DD Amount

20. Have you ever been disqualified during your studies at College/University? (Yes/No):

21. Have you ever been punished during your service or convicted by a court of law? (Yes/No):

22. Were you at any time declared medically unfit or asked to submit your resignation or discharged or dismissed? (Yes/No):

23. Do you have any case pending against you in any court of law? (Yes/No):



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Declaration to be signed by the Candidate :

I hereby declare that the entries in this form are correct and true to the best of my knowledge and belief. If at anytime, I am found to have concealed/ suppressed any material/ information or given any false details, my candidature/appointment to the post shall liable to be summarily terminated without notice or compensation.

Date: Place:

(Signature of the Applicant)

ENDORSEMENT OF THE EMPLOYER

Ref No

Date

FORWARDED

Place: Date: Signature of The Officer with office seal

Remarks: Candidate already employed should submit application through his/her employer.