APPLICATION FORM

PASTE HERE LATEST SELF ATTESTED PHOTOGRAPH

Application for the Post of:_____(Outsourcing Basis)

1. Full Name(BLOCKLETTERS):_____
2. Father's/Husband's Name:_____
3. Male/Female: _____
4. Date of Birth & Age_____
5. Mobile No: _____ Caste:_____
6. Physically Handicapped Category : _____
7. Educational Qualifications:
   (Please attach self attested copies of certificates/degrees in support of your qualifications)

Class	Name of the School	Year of Passing	Town	District	State
1					
2					
3					
4					
5					
6					
7					

8. Residential Address/ E-mail address & Aadhar Number.
   _____
9. Local / Non Local (Specify): _____
10. Details of the working experience till date: (Please attach attested copies of experience Certificates)

NOTE:

1. **INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED.**
2. **SELF ATTESTED COPIES OF THE FOLLOWING CERTIFICATES SHOULD BE ENCLOSED ALONG WITH THE APPLICATION**

1	S.S.C. or Equivalent examination Marks memo
2	Intermediate or 10+ 2 examination Marks memo
3	Qualifying Examination Pass Certificate
4	Marks memos of all the years (qualifying examination)
5	Registration Certificates of respective Councils/Board
6	Latest Caste certificate issued by the Tahsildar/MRO concerned
7	Study certificate for the years from 1st class to 10th class and in case of Private study residence certificate from the Tahsildhar /MRO concerned.
8	PH certificate in respect of candidates claiming reservation under PH Quota
9	Relevant certificates in respect of candidates claiming Ex-Service Man Quota
10	1 Photograph duly pasted on the application form
11	Experience Certificate
12	Aadhar card

DECLARATION BY THE CANDIDATE

(Post applied for_____)

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reasons thereof I am not aware of any circumstance which might impair my fitness for employment

Date: Signature of the candidate
Place: