APPLICATION FORM

1.	Name of the Post Applied for:						
2.	Full Name of the Candidate:(in Capitals)					photograph	
3.	Date of Birth						
	(Upper age l	imit 42 year	rs on 1st March, 20	119, Age relaxation	as per Govern	ment Rules)	
4.	Gender						
5.	Category:						
6.	Father's/Husband's Name:						
7.	Educational (Qualification	(From High Schoo	ol onwords)			
Sl No.	Exam passed	Year of	Duration of the Degree/ Diploma	Board/ University	Marks Obtained	% of marks obtained	
8.	Work Experie	ence					
Sl No.	Institute name/address	Designation	Work duration work fromto	Total duration	Nature of work	Name, email, designation and address of supervisor	
9.Mail	ing Address (in	block letters):				
	Tel. No.:						
	E.mail ID (if	any):					
10.	Nationality:						
11.	Permanent Address						
12.	Any Other re	Any Other relevant information					

I hereby declare that all the st	2)	
knowledge and belief. I underst them to be guilty of any type of writing that I am applying for t	tand that action can be taken aga of misconduct mentioned herein his selection. I AM READY To	ainst me by the USDMA, if I am declared by a I have informed my Head Office/Deptt, in O SERVE ANY PLACE EITHER HILLS EXECUTIVE WING), SEOC AND DEOC.
Date:		Signature of candidate
Place:		Address:

Details of enclosures (Enclose all documents related to educational qualification and work experience. Forms without relevant documents would be rejected):

1)

13.