

12. Do you belong to the SC/ST/OBC Category? If so, state the name of the Caste/Tribe and attach a Certificate:

13. Are you an Ex-service-man/Disabled Defence Personnel/Dependent of Defence Personnel killed in action? If so, attach a certificate:

14. Are you a Person with Disability (PwD) (OH/VH/HH)? If so, give details

15. Have you been debarred or punished for adopting unfair means in any examination by any Institution/Board or University? If so, please specify

16. Educational Qualifications in reverse chronological order:

Sl. No	Name of the Examination/ passed	Year of Passing	Name of the Board/ University	% of Marks obtained	Divn.	Subjects

17. Professional Qualifications:

Sl. No	Name of the Examination/ passed	Year of Passing	Name of the Board/ University	% of Marks obtained	Divn.	Subjects

18. Details of Employment (Work Experience),if any.

Name of the Office/Instt./Orgn.	Designation	From	To	Scale of pay/Grade Pay and basic pay	Status of Orgn. i.e. Govt./ Private/ PSU
Total Experience: Years Months					

19. Are you attending any part-time/whole-time course of study? If so, state the name of the course and the institution you have joined:

20. Indicate the time you will require to join, if selected

21. Do you know typewriting/shorthand? If so state speed : Typing in English..... Hindi.....w.p.m.
Shorthand (English)..... w.p.m. Shorthand (Hindi) w.p.m.

22. Have you applied for any other post in the College? If so, state the name of the post and date when applied:

23. Membership of any professional/educational/social body & your status in the organization

Name of the Organization	Membership No.	Status	Any Contribution

24. Any other information:
.....
.....

(For the candidates already employed)

Forwarded with the remarks that the facts stated in the above application have been verified and found correct and this institution/organization has no objection to the candidature of the applicant being considered for the post applied for _____. It is further certified that particulars given by the applicant are true and have been verified from service records

Designation: _____

Signature

Address: _____

(Head of the institution/Organization)

(with office seal)

Contact No. _____

Date: _____

List of enclosures:- _____
