



STATE PLANNING COMMISSION
APPLICATION FORM FOR PUBLIC POLICY CONSULTANT /
RESEARCH ASSISTANT

*(Please go through instructions given in the website www.spc.tn.gov.in carefully
before filling-up the Application Form)*

POST APPLIED FOR :

PASSPORT SIZE PHOTOGRAPH

1	Name in full (In Block Letters)	Dr./Mr./Mrs./Ms.
2	Date of Birth	
		(in words)
3	Father's / Spouse Name	
4	Mailing Address	PIN CODE :
		Tel. No. (with STD code) :
		Mobile:
		e-mail ID:
5	Permanent Address	PIN CODE :
		Tel. No. (with STD code) :
		Mobile:
		e-mail ID:

6	Marital Status	
7	Nationality	
8	State of Domicile	
9	Religion	
10	Category	SC / ST / MBC / BC / others
11	Present Employer	

12. EDUCATIONAL QUALIFICATIONS (Starting with Highest degree obtained)

S. No	Examination Degree	Name of the Board / College / University	Percentage of Marks / Final Grade	Subject(s)	Year of Passing / Award
1	M.Phil or its equivalent (as per UGC Regulation)				
2	Post. Graduate or its equivalent				
3	Graduate or its equivalent				
4	Higher Secondary				
5	Secondary				

13. **Ph.D. AWARDED**
(as per UGC Regulations)

Yes

No.

If yes year of award

If yes	a) Title of Ph.D thesis awarded	
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14. **EMPLOYMENT EXPERIENCE**(In chronological order starting with the most recent)
(Attach separate sheet if necessary)

S. No.	Name of the Employer / Status of Institute / University (Govt. / Quasi Govt. / Autonomous etc.)	Post Held / Designation	Period of Employment		Basic salary last drawn, pay scale and Grade pay	Nature of Duties
			From	To		

15. DECLARATION TO BE SIGNED BY THE CANDIDATE

I hereby declare that the information given by me in the Application is true, complete and correct to the best of my knowledge and belief and that nothing has been concealed or distorted. If at any time, I am found to have concealed / distorted any information or given any false statement, my application / appointment shall liable to be summarily rejected / terminated without notice or compensation.

Date :

Place:

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(Signature of the Applicant)