Affix Your Recent Passport Size Colour Photograph

Ref: -5/28/2022/Pers./HP **Post Applied:** DRAFTSMAN 1. Name of Candidate (as recorded in Matriculation or equivalent certificate) Father's Name (as recorded in Matriculation or equivalent certificate) Mother's Name (as recorded in Matriculation or equivalent certificate) 4. Sex Religion Male Female 5. Marital Status (If married name of spouse) (Spouse Name & Nationality) Unmarried Married 6. a). Date of Birth: b). Birth Place/District: c). Birth State/UT: D d). Nationality: e). Mother Tongue: f). Age as on date (i.e.01/11/2022):Years____Months____Days__ 7. a). Domicile b). Blood Group c). Identification Marks 8. Whether belongs to: ST SC OBC OBC (NCL) Minority PWD&M (%) General 09. Languages Known: Write Language Read Speak

10. Academic/Professional Qualifications:

Sr. No.	Name of Examination	Year of Passing	Univ/Board	Subjects	Marks obtained	% of marks

•	_		separate sheet if required) as o		
Organization	Peri		Designation & Description of Duties	Scale of Pay/ Gross Salary	
	From	To		Surary	
Fotal Experi	ence as on 01.1	11.2022 :-	YearsMonths	Days	
	dence as on 01.1	11.2022 :-	YearsMonths	Days	
		11.2022 :-			
. Correspond		11,2022 :-			
. Correspond	dence Address:	11,2022 :-			
. Correspond	dence Address:	11,2022 :-	PIN	Phone	
. Correspond	dence Address:	11,2022 :-	PIN		
6. PAN No.:	dence Address: Home Address:	11,2022 :-	PIN	Phone	
6. PAN No.: 7 Aadhar C	dence Address: Home Address:		PIN	Phone	
6. PAN No.: 7 Aadhar C. 8. Guardian	dence Address: Home Address: ard No.: /Emergency Cont		PIN	Phone	
6. PAN No.: 7 Aadhar C 8. Guardian 9. Contact M	Home Address: Home Address: ard No.: /Emergency Cont		PIN	Phone	
5. Permanent Adhar C Adhar C Guardian Contact M Valid E.M	Home Address: Home Address: ard No.: /Emergency Cont Mobile No.: Mail ID:	tact No.:	PIN	Phone	

Information must be filled against each column clearly. In case incomplete application, the same will not be considered.

I solemnly declare that the above information is true/correct and I understand that in the event of the information found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Date Signature