

**Application Form**  
**For Appointment by Deputation**

Paste Photograph here

1.	Name in Full (in capital letters ) (Underline Surname)	
2.	Father's /Husband's Name	
3.	(a) Marital Status: Single /Married / Divorced	(b) Gender: Male / Female
4.	(a) Permanent Address:	(b) Address for Correspondence
	Phone No: (with STD code) Mobile No:	E-mail ID:
5.	Date of Birth (Attach self-attested copy of Birth Certificate)	
6.	Date of Retirement	
7.	Nature of appointment i.e. Ad-hoc or Temporary or Quasi Permanent or Permanent	
8.	(a) Citizenship:	(b) State of Domicile:
9.	Category: (SC/ST/OBC/General)	
9.	If employed working, present basic pay & scale of pay: Are you in revised scale of pay? If yes, give the date from which revision took place and also indicate the pre- revised scale. Total emoluments per month being drawn as of now.	Basic: Rs. Scale of Pay: Rs:
10.	If selected, how much time would be needed to join?	
11.	References : (From person who are acquainted with your work. Name, Designation and Address(along with phone no./Email )	
12.	Additional Remarks: (Mention here any special qualification or experience ,not included above)	
13.	Details of enclosures being sent with the application	
	1.	
	2.	
	3.	
	4.	

14. Details of Educational Qualification: Particulars of all examinations passed and degrees obtained commencing with the High School leaving (10<sup>th</sup> standard /Matriculation) Examination. In case applicant is pursuing PhD. Program, details of the same shall be provided .Please attach self-attested copies of certificates and mark sheets.

S No	School, college of institute	Month and Year starting	Month and year of completion	Name of the Board, University or Institute	Examination, Degree or Diploma passed	Distinction, Class or Division	Subjects or Field of Specialization, along with honors', where applicable	Percentage of Marks

15. Details of Employment (in reverse chronological order) In case re-appointment in different scale, please mention on a fresh row with all details.

Please attach set of attested copies of Certificates

S No.	Full Name of Organization Department or Institute	Post held and Type of Employment (Regular, Temporary, Permanent or Contract)	Period of Employment		Period of employment in Years/Months	Pay Scale	Gross Monthly Emoluments	Nature of Duties /Work
			From (DD/MM/YY)	To (DD/MM/YY)				

I hereby declare that I have carefully read and understood the requirements and instructions advertised, and that all the entries made in this form are true to the best of my Knowledge and belief.

Date.....

Signature of Applicant