Affix Your Recent Passport Size Colour Photograph

P	ost A	App	lied	l:		<u>Ex</u>	pert	/St	ruct	ural	Eng	gine	er		Ex	oert	/ Ar	chite	<u>ect</u>									
1.	Nan	ne o	f Ca	ndic	late	(as 1	recoi	rdeo	l in	Mat	ricu	latio	n oı	equ	ıival	ent	cert	ifica	ıte)									
2.	Fat	ther'	s N	ame	(as	reco	rdec	l in	Ma	tricu	latio	on o	r eq	uiva	lent	cert	tifica	ate)			ı	ı	ı					1
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3	Mo	othe	·'s N	Jame	e (as	rec	orde	d ir	ı M:	atric	ulati	ion (or ec	miv	alen	t ce	rtifia	cate)	1		I	l		1	1			J
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4.	Sex													6	5. I	Reli	gion											
	ale						Fe	mal	e																			
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M	arrie	ed					Un	ıma	rrie	<u>1</u>																		
6.	a). I	Date	of l	Birth	ı:				b).	Bir	th P	lace	/Dis	trict	:			c)	. В	irth	Sta	te/U	T:					
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d).	Nat	iona	lity	:										e).	Mo	othe	r To	ngu	e:									
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1).	Age	as o	on d	ate (i.e.0	1/12	/202	2): Y	ear	S		Mo	nths			Day	S											
7.	a).	Don	nicil	e	b).	Blo	od C	irou	ıp		c). Id	lenti	fica	tion	Ma	rks											
8.	Wh	ethe	r be	long	s to:																							
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]	Lang	uage	9						Re	ad				W	/rite					,	Spea	ık						
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10.	Ac	ade	mic/	Prof	fessi	ona	l Qu	alif	icati	ions																		
Sı	<u>. T</u>	Naı	ne c	of			Y	ear	of		Un	iv/F	3oar	d	S	ubje	ects			1	Mar	ks		%	of n	narks	3	
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Highest qualification in Hindi:	D22 f Pay/ Gross
Training received if any Experience (Please give details thereof, use separate sheet if required) as on 01.12.20 Organization Period Designation & Description of Duties Salary	
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Experience (Please give details thereof, use separate sheet if required) as on 01.12.20 Organization Period Designation & Description of Duties Scale of Salary	
Organization Period Designation & Description of Duties Scale of Salary	
of Duties Salary	f Pay/ Gross
4. Correspondence Address:	
PINPhone	
5. Permanent Home Address:	
DD1	<u></u>
PINPhone.	
6. PAN No.:	
6. PAN No.: 7 Aadhar Card No.:	
6. PAN No.:7 Aadhar Card No.:8. Guardian/Emergency Contact No.:9. Contact Mobile No.:	
 6. PAN No.: 7 Aadhar Card No.: 8. Guardian/Emergency Contact No.: 9. Contact Mobile No.: 20. Valid E.Mail ID: 	
6. PAN No.:7 Aadhar Card No.:8. Guardian/Emergency Contact No.:9. Contact Mobile No.:	

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