APPLICATION FOR THE POST OF -----

<u> PART – I</u>

PROFORMA FOR APPLICATION

1.	Name in full	:			Affix passport size photograph
2.	Name and Address (In Block Letters)	:			
3.	Father's name	:			
4.	Sex	:	Male / Fema	ale	
5.	Nationality	:			
6.	Date of Birth (proof of Date of Birth must	: be en	closed)	Age: Y (as on 01/01/2	
7.	Marital Status	:			
8.	8. No. of live children in the event of being married :				
9.	9. Whether belong to SC/ST/OBC/PH/General (<i>in case of SC/ST/OBC proof shall be enclosed</i>)				
10.Whether belongs to : M.P. State (Attach Domicile certificate)					
11.Address for correspondence (with pin code) (<i>Tel.No., Mobile No. FAX & e-mail, if any</i>)					

12. Permanent Address :

13. (A) Academic & Professional Qualifications: (Beginning with Graduation)

Name of the Instt./ Board/University	Year of passing	Examination/ Degree	Percentage of marks in Aggregate and Division

(specify the gap with reasons in Education career)

- 14. Desirable Qualification :
- 15. Field of Specialization:
- 16. Resume of Research work and publications: (one set of reprints to be furnished, if available)
- 17. Employment history in chronological order & experience: (attach separate sheet in following format, if necessary)

Name & address	Period of	Designation	Scale of	Detailed	Reasons
of employer/	service	of the post	pay and	description	for leaving
Organization/	From To	held	Basic	of work	each post
Institution			Pay (with		
			Pay		
			Band &		
			GP)		

18. Professional Training:

Organization	Details of Training	Period	
		From	То

- 19. Achievements in the career which may support your candidature :
- 20. Details of present employment :
 - i) Designation of the post held :
 - ii) Scale of pay of the post :
 - iii) Total emoluments per month now drawn : (with break up – Basic, GP, HRA, DA, TA etc.)
 - iv) Whether present post is held on regular /tenure/ Deputation or ad-hoc basis and since when :
 - v) If on deputation, details of post held on Regular basis / scale of pay and since when :
 - vi) Name of the Organization with full address indicating Name and Designation of the contact person And Telephone / FAX number :
 - vii) Category of the Organization :
 - (a) Central Government / State Government
 - (b) PSU / Autonomous Body
 - (c) Private
- 21. Whether the candidate has any criminal case pending against him/her
- 22. Whether the candidate has ever been arrested, prosecuted or punished for any offence
- 23. Any other information :

Declaration: I hereby solemnly declare that all the above statements are true and correct to the best of my knowledge and belief. Nothing is false or has been concealed / distorted. If at any time, I am found to have concealed / distorted any material information my appointment shall be liable to summary termination without notice.

Place :	Signature:	
Date :		
	e-mail ID :	
	Tel. No.:	
	Mobile No.:	

PART – II

(To be filled in by the Competent Authority in the case of candidates who are presently working in Government/PSU/Autonomous Organizations only)

Certified that :

(i) The information given above by the officer is correct.

(ii) No Vigilance / Disciplinary Proceedings are either pending or contemplated against the above mentioned officer.

(iii) In the event of his/her selection the organization has no objection to relieve the candidate the join the new post.

Date:	Signature:
	Name :
	Designation:
	Department:
	Organization :