Adve	rtisement	No.						
Title	Advertisement No Citle							
	Name of candidate						Coloured	
Father's Name							Photograph Past Here	
	of Birth			/			iici c	
_	ory UR		ST	OBC	EWS			
Reside	ential Address							
Perma	nent Address							
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Email	ID							
	on							
Are yo	ou : Govt Employee							
	Ex-Serviceman							
	You Disabled							
	ational Qualification							
Sl. No.	Name of Exam	Year of passing	Ur	niv./Board	Div./Class/ Subjects Grade		% of Mark	
1	10th							
2	12th							
3	Graduation							
Exper	ience (attach photoc	copy of certif	ficates in	support of expe	rience), if any:			
Sl.	Name of employer	- 1				Nature of	Reasons	
No.	Organisation	From	То		Pay	Duties	for leavin	
	f documents attache			2				
I soler	nnly declare that sta	tement made	by me ir	this form are co	orrect to the best	of my knowle	dge and be	