

APPLICATION FORM

Advertisement No.		PHOTOGRAPH				
Name of the Post		Identity Proof No.				
1. First Name: _____		Last Name: _____				
2. Date of Birth:	3. Age as on 01.01.2025	4. District of Domicile:	5. Sex:			
6. Please mention if SC/ ST/ OBC:						
7. Present Contact Address:		8. Permanent Contact Address:				
9. Email Address:		10. Mobile No.:				
11. Languages spoken/written:						
12. Education: High school onwards, please list all your qualifications						
Exam Passed	Name of the Board / University	Year of Passing	Marks (excluding 4 th optional)			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	% of marks	



13. Employment Record:		
Total years of post qualification experience :		
Years of experience in OHS& FW Society .		
14. Details of Employment: (Use separate sheets if required).		
Starting with your present employment list in reverse order all the employments, you have had.		
15 A. Current Employments:		
From Month / Year	ToMonth / Year	Designation
Location of Employment:		
Description of duties:		
15B. Previous Employment:		
From Month / Year	To Month / Year	Designation
Location of Employment:		



Description of duties:

PAR Details Format (Only for employees working under OSH&FW Society):

Name of the Employee:

Present Designation:

Remarks in PAR of Preceding Three Terms of Contractual Service.	Reporting Period	Remarks in the PAR

16. Enclosure (pl. specify the list of the enclosure with page no.)

1. Enclosure doc. Name.....(page no.....) 2. Enclosure doc name.....(page no.....)
3. Enclosure doc. Name..... (page no.....) 4. Enclosure doc name..... (page no.....)
5. Enclosure doc. Name..... (page no.....) 6. Enclosure doc name..... (page no.....)
7. Enclosure doc. Name..... (page no.....) 08. Enclosure doc name.....(page no.....)
9. Enclosure doc. Name.....(page no.....) 10. Enclosure doc name.....(page no.....)
11. Enclosure doc. Name..... (page no.....) 12. Enclosure doc name.....(page no.....)
13. Enclosure doc. Name..... (page no.....) 14. Enclosure doc name.....(page no.....)
15. Enclosure doc. Name..... (page no.....) 16. Enclosure doc name.....(page no.....)

(NB: add docs. With page nos. if required)

Declaration: I hereby declare that all the information furnished above are correct to the best of my knowledge

Date:

Signature of the Applicant

