



| Sr. No. | Name of Examination | Year of Passing | Univ/Board | Subjects | Marks obtained | % of marks |
|---------|---------------------|-----------------|------------|----------|----------------|------------|
|         |                     |                 |            |          |                |            |
|         |                     |                 |            |          |                |            |
|         |                     |                 |            |          |                |            |
|         |                     |                 |            |          |                |            |
|         |                     |                 |            |          |                |            |

12. Highest qualification acquired in Hindi: \_\_\_\_\_

13. Training received if any: \_\_\_\_\_

14. Experience as on 31.02.2025 (Please give details thereof, use separate sheet if required)

| Organization | Period |    | Designation & Description of Duties | Scale of Pay/ Gross Salary |
|--------------|--------|----|-------------------------------------|----------------------------|
|              | From   | To |                                     |                            |
|              |        |    |                                     |                            |
|              |        |    |                                     |                            |
|              |        |    |                                     |                            |
|              |        |    |                                     |                            |

15. Correspondence Address:

|                     |
|---------------------|
|                     |
|                     |
|                     |
| PIN..... Phone..... |

16. Permanent Address:

|                     |
|---------------------|
|                     |
|                     |
|                     |
| PIN..... Phone..... |

17. PAN:

18. Aadhar No.:

19. Guardian/Emergency Contact No.:

20. Contact Mobile No.:

21. Valid E.Mail ID:

22. Passport No.:

23. Any other information:

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**