## **APPLICATION FORM**

1 2	Post Applied Amount of applica & Bank Draft	ntion/processing	g fee No	all respective da	ited	₹
3	Full Name (In Blo	ck letters)	and collection	and all listed at the	rile per muse i	
4	Father's/ Husband					
5	Correspondence Address with Pin code (in Block letter) Mobile/ Phone Number with STD				Photo	
	code, if any.	4				
6	Permanent Addres (in Block letters) ! Number with STD	Mobile/ Phone				
7	Category to which (If SC/ST/OBC or	belong:] other, please a		a) guadant jirka	eggi saftir, aarte 	
	self attested Photo Certificate).	istat copy of ref	ated			
8	Sex		Male	Fe	male	
9				Month	_	
	b) Age as on the la application i.e. as		pt of	iviolidi	Year_	_
10	Whether age relax indicate Category					
11	Whether exemption so, indicate categorial		d if			
12						
	SHECES.					
SI No	Examination Passed (Tenth onwards)	Name of Board/ University	Month & Year of Passing	Subjects	Marks Obtained Total Marks	Percentage of Marks
1						
2						
3						
13	Experience					
SI.	Post Held	Name of		Period	Pay Scale	
No		Employer	From	То		

- Whether the candidate is under any contractual obligation to serve Central/ State Govt./ any other Public Sector Undertakings or Autonomous body and if so, give details (Attach NOC, if applicable)
- 15 List of Documents attached:
  - 1.
  - 2.

## **DECLRATION**

I hereby declare that all the facts mentioned in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility criteria according to the requirements of the relative advertisement, my candidature / application is liable to be cancelled/terminated.

PLACE	5 Lowenspecificación Authorica Writing Plan
DATE	Tierral zoold eit ausa
	Signature of Candidate Name of the Applicant
Remarks o	f the forwarding Authority (in case of Govt. Employees):
i)	The particulars furnished by Sh./ Smt. are correct
ii) iii)	There is no vigilance /disciplinary case either pending or contemplated against him/ her Integrity of the applicant is certified
iv)	Photocopies of the up-to-date ACRs attested by an officer not below the Rank of an Under Secretary to the Government of India are enclosed.
	(Signature of Head of the Department/ Forwarding Authority)
Date:	Serion Medical Control of the Contro
	Name
	Department
	Telephone /(Fax No.)