APPLICATION FORM

Application for Engagement on Contractual Basis under Addiction Treatment Facility (ATF) Project

(Paste Passport Size Photograph Here)

1. Name of the Post Applied For: _____

2. Advertisement No. & Date: _____

3. Name of the Candidate (IN BLOCK LETTERS): _____

4. Father's Name (IN BLOCK LETTERS): _____

5. Date of Birth (DD/MM/YYYY): _____

6. Age (as on closing date): _____

7. Gender: ☐ Male ☐ Female ☐ Other

8. Candidate's Category (UR/OBC/SC/ST/EWS):_____

9. Permanent Address:_____

_____

10. Correspondence Address: _____

_____

11. Email Address: _____

12. Phone Number:
Mobile: _____ Landline (if any): _____

13. Educational Qualifications (From High School onwards)

S. No.	Qualification	Name of Board/University	Year of Passing	% of Marks
1				
2				
3				
4				
5				

14. Post-Qualification Experience

Sr. No.	Post Held	Name of Institution	From (DD/MM/YY)	To (DD/MM/YY)	Total Experience	Duties & Responsibilities
1						
2						
3						
4						
5						

15. If selected, how much time would you require to join the post?

16. Have you read and agreed to the salary details mentioned in the advertisement notice?
☐ Yes ☐ No

Declaration

I solemnly affirm that the information furnished above is true and correct to the best of my knowledge and belief. I have not concealed any information. I understand that if any information provided is found to be false or incorrect, I shall be liable for action as per rules in force.

Date: _____ Place: _____

Name of the Candidate: _____

Signature of the Candidate: _____

Checklist of Enclosures (Self-attested copies):

1. _____

2. _____

3. _____

4. _____