## Proforma

Name of post		Affix passport size photo
Applicant name		
Age		
Date of Birth		
Gender		
Martial Status		
Permanent address		
Address for communicat	tion :	•

Mobile number

E-mail id

Aadhar number

Educational qualification.

:

•

•

 SI. No.	Name of degree	Subject or Stream	Course type (Regular, Distant, Part-time, etc.)	Institution	University / Board	Course duration (specify year of enrollment and year of award of degree certificate)	Percentage / GPA / CGPA
	· · · · ·						

## Additional qualifications if any

SI. No. Course / Certification		Specialization	Institution	Date of expiry of certificate, if any.		
2						

## <u>Experience</u>

SI. No.	Organization	Designation	Job role	Responsibilities	Period (specify month and year)		id year)
NU.		- * s			From	To	Total
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							2 2 3
					8	-	

Additional skills, if any.

## Declaration

The above mentioned facts are true and fair to the best of my knowledge and belief.

Name & Signature

Place :

Date :