

**Application Form for the position of [Post Name] : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| 1. **Personal Information**
 |
| Name in full(in block letters): |  | *Affix Recent* *Photograph* |
| Father’s Name: |  |
| Nationality: |  |
| Religion: |  |
| Gender: |  Male Female  |
| Category: |  Gen SC ST OBC EWS PH  |
| Date of Birth(as per SSLC/ HSC/ SSC/ Matric Certificate) |  Date Month Year  |
| Address for Communication: |  |
| City: |  | Pin code: |  |
| State: |  |
| Phone with STD code/ Mobile No.: |  |
| E-mail Id: |  |
| 1. **Academic Information** (commencing with the equivalent examination in chronological order)
 |
| Degree | Name of the Board/ University | Year of Passing | Subject/ Specialization | Percentage/ CGPA | Class/ Division/Grade |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1. **Work Experience** (starting from the present employment)
 |
| Name & Address of Institute of Employment | Position Held(with period : from \_\_ to \_\_)(Permanent / Temporary) | Salary & Grade *(annual)* | Nature of Duties / Work \* |
|  |  |  |  |
| 1. **Significant Achievements / Awards**
 |
|  |
| 1. **Any other information** (in support of your candidature)
 |
|  |

***\*****Please be brief, if extra space needed use* ***Page 4***

|  |
| --- |
| 1. **References**
 |
| List two references (excluding relatives) having knowledge of your work performance, who might be contacted, if needed. |
| Name and Designation | Address | E-mail and Phone/ Mobile |
|  |  |  |
|  |  |  |

**DECLARATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. I am aware that, if at any time I am found to have concealed/ distorted any material/ information, my employment with AcSIR is liable to be summarily terminated without notice.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Place: |  |

|  |  |
| --- | --- |
|  |  |
|  | Signature |

SPACE FOR ADDITIONAL INFORMATION

*(Please mention section, to which the information pertains)*