



**JALAHALLI POST, BENGALURU 560013**

(To be filled in block letters)

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here

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **GENDER:** MALE / FEMALE

**NATIONALITY:** \_\_\_\_\_ **MOTHER TONGUE:** \_\_\_\_\_

**RELIGION:** \_\_\_\_\_ **CASTE:** GEN / SC / ST / OBC

**INDICATE DISABILITY IF APPLICABLE:** Ortho / Hearing / Visual **% OF DISABILITY:** \_\_\_\_\_

**MARITAL STATUS:** Single / Married

**FATHER'S NAME:** \_\_\_\_\_

**FATHER'S OCCUPATION:** \_\_\_\_\_

<b>PERMANENT RESIDENTIAL ADDRESS:</b> _____ _____ _____ _____ <b>PIN CODE:</b> _____	<b>ADDRESS FOR CORRESPONDENCE:</b> _____ _____ _____ _____ <b>PIN CODE:</b> _____
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**CONTACT NO. MOBILE:** \_\_\_\_\_ **LANDLINE (with STD code)** \_\_\_\_\_

**e-mail ID:** \_\_\_\_\_ **Alternate e-mail ID:** \_\_\_\_\_

**EDUCATIONAL QUALIFICATION: (FROM SSLC ONWARDS)**

Qualification Acquired	Name of the Institute/University where studied	Main Subject	Class Secured	Aggregate % of marks in all semester/years	Year of passing

**WORK EXPERIENCE** (Start from the present work experience):

Name of the Company	Period of Employment		Designation	Details of responsibilities handled in brief	Salary drawn (in Rs.)	Reason for leaving
	From	To				

**ARE YOU PRESENTLY WORKING IN A GOVERNMENT ORGANISATION / PSU:** YES / NO

**IF YES, ARE YOU EMPLOYED ON PERMANENT / CONTRACT BASIS:** \_\_\_\_\_

**IF YOU HAVE ANY RELATIVES IN BEL PROVIDE DETAILS:**

NAME OF THE EMPLOYEE	STAFF NO.	DEPARTMENT	RELATIONSHIP

**Undertaking**

I hereby affirm that the information given by me in this application form is true and correct. I also undertake that if at any stage it is found that an attempt has been made by me to conceal any information or the information provided is false my selection process / appointment is liable to be terminated without notice.

**Date:** \_\_\_\_\_

**Signature of the Candidate**

**FOR OFFICE USE ONLY**

The following documents have been checked with originals and found to be in order:

1. BE / B.Tech. Marks Cards
2. Final Degree Certificate
3. Experience certificates
4. Caste / PWD Certificate
5. Whether NOC enclosed (wherever applicable) : Yes / No

**Signature of the verifying Officer / Staff**