APPLICATION FORM FOR RECRUITMENT OF SRCW/DLCW UNDER MSK Paste self ON CONTRACT BASIS

attested recent

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1.	· · · · · · · · · · · · · · · · · · ·		•••••••••	******	•	at	tached
2.	Candidate detai	ls:		4		-	
	Name of Cand	idate	·				
	10.11.17.1			.			
	Father's/Husba	ind Name					
	Date of Birth (as		Age as on	<u> </u>		
	perMatriculate) Mobile Number			01/01/2019			
				Gender (M/F)			
	Email ID			Category			
				(UR/SC/ST/OB	c)		
	i) ii)	Village District					
3.	Complete Postal	Address for co	orrespondence:		,		
	ii)	District					
	iii)	Post Office		**************	•		
	iv)	Pin Code	:	******			
4.	Complete Perma	ment Address (
				,			
	i)	Village	:	******			-
	ii)	District	:	******			
	iii)	Post Office	:	·····		•	
	iv)	Pin Code	:	•••••			
5.	Educational Qua	lification Detai	ls:				s
	Name of	Subject	/Course	Board/University	Regular/	Passing	% of
	Examination	•			Corres-	Year	Marks/
	Passed				pondence		GPA
	Matriculate						
	Intermediate/						
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Name of Examination Passed	Subject/Course	Board/University	Regular/ Corres- pondence	Passing Year	% of Marks/ GPA
Matriculate			pondence		GIA
Intermediate/ 10+2					
Graduation					
Post Graduation					
Any Other				•	
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6. Work-experience Details: Start from most recent experience. Internship/Volunteer/Field Works which are part of the course are not to be considered as work experience. (Add extra sheet if required)

Name of Organization	Designation & Place of Posting	Key Job Descriptions	Achievements/ Outputs	Experience From – To DD/MM/YY	Total Experience (in months)
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Certification (Candidature of candidates not certifying the following statements will be summarily rejected):

I certify that the above mentioned details correctly describe my qualifications, experiences and my personal details to the best of my knowledge & belief. I accept that any misrepresentation, incorrect information, suppressed information with respect to any of the information submitted herewith being found out at any stage during/after the recruitment will render my candidature/appointment liable for disqualification/terminated without further communication.

Date:

Signature of Candidate:

Place:

NOTE: This format is to be strictly adhered to. No other format will be accepted.