## PROFORMA OF APPLICATION FORM FOR ENGAGEMENT OF PROJECT ASSISTANT

## (A) General Information:

|     |                              | 1                   | _                |
|-----|------------------------------|---------------------|------------------|
| 1.  | Post Applied for             |                     |                  |
|     |                              |                     |                  |
| 2.  | Full Name (in Block letters) |                     |                  |
|     |                              |                     | Paste recent     |
| 3.  | Father's/Husband's Name      |                     | 1 aste recent    |
| 0.  | Tamer strideband o Hame      |                     | passportsize     |
|     |                              |                     |                  |
| 4.  | Gender                       | Male/Female/others  | photograph duly, |
| ''  | Condo                        | Wale, Female, emere |                  |
| 5.  | Date of Birth                | ļ                   | self Attested    |
| J.  | Date of Birtin               |                     |                  |
| 6.  | Age as on 01.05.2022         | yearsmonths         | lave             |
| 0.  | Age as on 01.03.2022         | years               | ays              |
| 7.  | Marital Status               | Married/Unmarried   |                  |
| ′ · | iviantai Status              | warned/Offinamed    |                  |
| 8.  | Contact No.                  | Mobile 1            | No.              |
| 0.  | Contact No.                  | Woone               | NO.              |
| 9.  | E-mail address               |                     |                  |
| 9.  | E-mail address               |                     |                  |
|     | Alternate e-mail address     |                     |                  |
|     | Alternate e-mail address     |                     |                  |
| 40  | Compose donos Address        |                     |                  |
| 10. | Correspondence Address       |                     |                  |
|     |                              |                     |                  |
| 11. | Permanent Address            |                     |                  |
|     |                              |                     |                  |
| 12. | Whether                      |                     |                  |
|     | General/SC/ST/OBC/PH         |                     |                  |
|     |                              |                     |                  |

## (B) Academic Qualifications:

\_\_\_\_

| Sr. | Name of                  | Subjects/      | Board/    | Year of | Duration   | Max.  | Marks/OG |           |
|-----|--------------------------|----------------|-----------|---------|------------|-------|----------|-----------|
| No  | degree                   | specialization | Universit | passing | of         | Mark/ | PA       | Percentag |
|     |                          |                | у         |         | Course     | OGP   | obtained | е         |
|     |                          |                |           |         | (in years) | Α     |          |           |
|     |                          |                |           |         |            |       |          |           |
| 1.  | 10 <sup>trr</sup> class/ |                |           |         |            |       |          |           |
|     | equivalent               |                |           |         |            |       |          |           |
|     |                          |                |           |         |            |       |          |           |
| 2.  | 10+2/                    |                |           |         |            |       |          |           |
|     |                          |                |           |         |            |       |          |           |
|     | Higher                   |                |           |         |            |       |          |           |
|     | Secondar                 |                |           |         |            |       |          |           |
|     | у                        |                |           |         |            |       |          |           |
|     | equivalent               |                |           |         |            |       |          |           |
| 3.  | Bachelor's               |                |           |         |            |       |          |           |
|     | Degree                   |                |           |         |            |       |          |           |
|     |                          |                |           |         |            |       |          |           |
|     |                          |                |           |         |            |       |          |           |
| 5.  | Other                    |                |           |         |            |       |          |           |
|     | (specify)                |                |           |         |            |       |          |           |
|     |                          |                |           |         |            |       |          |           |

## (C) Experience (duly supported with certificates issued by Concerned Employers)

| Chr | onological list of | experience  |           |              |            |                |
|-----|--------------------|-------------|-----------|--------------|------------|----------------|
| Sr. | Designation        | Name of the | Period o  | f experience | No. of     | Nature of work |
| No. |                    | Employer    | From date | To date      | years/mont | done           |
| 1.  |                    |             |           |              |            |                |
| 2.  |                    |             |           |              |            |                |
| 3.  |                    |             |           |              |            |                |

| 4.   |             |                   |                  |      |              |             |                |          |   |  |  |
|--|-------------|-------------------|------------------|------|--------------|-------------|----------------|----------|---|--|--|
| 5.   |             |                   |                  |      |              |             |                |          |   |  |  |
| 0.   |             |                   |                  |      |              |             |                |          |   |  |  |
|  |             |                   |                  |      |              |             |                |          |   |  |  |
| D. Publication   |             |                   |                  |      |              |             |                |          |   |  |  |
| (E   | )Please     | state wh          | ether you are    | em   | ployed at p  | resent: Yes | s/No           |          |   |  |  |
|  |             |                   |                  |      |              |             |                |          |   |  |  |
| 16 -   |             | 1.4.11.           | £ F 1            | C11  |              |             |                |          |   |  |  |
| пу   | es, then gr | ve details (      | of Employer with | Tull | ·            |             |                |          | • |  |  |
| Δα   | dress an    | d produc          | e No Objection   | Co   | ortificate   |             |                |          |   |  |  |
|  | u1633 a11   |                   |                  |      | - Incate     |             |                |          |   |  |  |
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|  | 1 1141 1    | • • • • • • • • • | 41 a             |      |              |             |                |          |   |  |  |
| <u>A</u>   | aditional   | intorma           | tion, if any:    |      |              |             |                |          |   |  |  |
| Do   | alaration   | . The infe        | ermation divon   | ah a | wa bu ma ara | true to the | and of my kno  | vulo dao |   |  |  |
| <u>Declaration:</u> The information given above by me are true to the best of my knowledge and belief. If any information and/or document is being found false, my |             |                   |                  |      |              |             |                |          |   |  |  |
| candidature/services, if selected, may be terminated without any notice beside other action under IPC.   |             |                   |                  |      |              |             |                |          |   |  |  |
| acı  | on under    | IPC.              |                  |      |              |             |                |          |   |  |  |
|  |             |                   |                  |      |              |             |                |          |   |  |  |
|  |             |                   |                  |      |              |             |                |          |   |  |  |
|  |             |                   |                  |      |              | Signa       | ature of Appli | cant     |   |  |  |
|  |             |                   |                  |      |              | Date        | d:             |          |   |  |  |