2. F 3. D 4. A	Fathe Date Age_	ers Name(Block	Capital							Affix		
2. F 3. D 4. A	Fathe Date Age_	ers Name(Block of birth (dd/mn	Capital							Passport		
3. D 4. A	Date (	of birth (dd/mn		_	Name (Block Capital Letters)							
1. A	Age		1/yy)	Fathers Name(Block Capital Letters)								
	_	Years		Date of birth (dd/mm/yy)								
5. A	Addr		Mon	thsDa	ys					1		
		ess (Present)	<del></del>					·				
_					P	in co	de:					
5. A	Address(Permanent)											
_	Pin code:											
7. N	Mobile No.:Phone No.:											
3. E	E-mail Id:											
9. E	Educational Qualifications (in reverse chronological order starting from latest											
q	qualifications)(submit self attested copy of testimonials)											
S	S	Qualification Unive		ersity/College/Institute/		/ Fi	From To		Percentage			
N	No.	Achieved	Schoo	ol/Board								
10. S	Servi	ce Particulars(i	n rever	se chronologi	cal order	star	ting f	om pre	esent	occupation i		
a	any)(	submit self atte	sted co	py of testimon	ials							
S	6	Department		Designation	esignation From To Pay Scale			Reasons For				
N	No.	/Office/Organization								Leaving		