Application Form for Registration

Personal Detail

Exch Name																	
Name seeke	e of Job er	First Name*							Surname					Last Name			
Fathe	er's Name																
Mothe	er's Name																
Email (If any	l Address y)																
Sex*		Male		Female	Date of Birth*(DD/MM/YYYY)												
Marita	al Status*	Married/Unmarried/Widow/Widower							Spouse Name								
Caste*		SC/ST/Open/OBC							Religion* Hindu/Mu			Musli	uslim/Christian/Sikh/Others				
Urbar	n/Rural*								Phone Number (if any)								
Addr	ess for Cor	nmunio	cation	1				Prov	/ince - Po	erma	anent A	Addr	ess				
Address*									State*								
									Information Regarding Sta				e Cer	tifica	ate.		
City/Tehsil*								State Belongs Certificate Number				•					
State									Certifying Authority								
District									Certificate Date								
Pin code									Remarks								
Upload your Photo		(Only	(Only GIF,JPG & JPEG)														
Qual	ification	Detail															
Sn. No	Exam Pass			School/Institute N		me	Division		Year of Pass		edium	PC	C S	Su	Subject studied(Optional Subjects Subjects		ect Type
Evnor	rience Deta	ile															
Experience Deta Name-Of-Emplo							Nature-of- Work		Type-of-Job (Part time/F			Pay-On- Leaving* (Rs/month		1)	Experi ence type	Post held	Reason of leaving
Lana	guage Pro	fician	CV		<u> </u>	1										1	
Lang	uage Frou	*	Cy_		J	Proficie	ncy (Y/	N)									
	-					Speak		Vrite		R	Read						

Additional Information Details

Are you ready to Relocat	te*	1. Abroad also					
(Check any one)		 Anywhere in India Anywhere within s Anywhere in Town 	state	Are you Employ	(Y/N)		
Proof of Residence		(Passport, Voter ID,	Ration Card etc.)	Residence Proof IdNumber			
Expected Minimum Sal	ary						
Local Jobs(Rs PM)				Outside Jobs(Rs PM)			
Priority							
Central :	Central F						
Certificate Number :	Certifying	g Authority(S):	Period of Works(S):		ate(S):		
State :	State Pri	ority:					
Certificate Number :	Certifying	g Authority(S):	Period of Works(S):		Certificate Date(S):		
Physical Standards					·		
Wear Glasses			Main Sports				
Height (in Cms)			Sports Level				
Weight (in Kgs)			Sports Grade				
Chest (in Cms)			Ncc Level				
Disability (More than 40%)			Whether Ex-serviceman				
Blood Group			Whether Displaced				
Caste Details	<u> </u>				<u>'</u>		
Main Caste			OBC (At Centre)*				
Sub Caste							
Certificate Number*			Certificate Issue Date*				
Certificate Issued by Whom*			Remarks				
Willingness Details							
Employment Sector Willingness			Vacancy Willingness				
Other Willingness							
Whether willing to							
(ii)Undergo training			Specify Trade(s)				
Non Availability							
From			То				
Reason		·					

Note:

- Fields with * mark is mandatory
 Strike out wherever not applicable