APPLICATION FORM

INDO-US TB PROGRAMME

(To be filled in BLOCK letters ONLY)

(In 2.	Name of the Post applied fo clude S.No as per the advertisement) Name of the candidate Father/Husband Name	:									rece	lly affi ent pass ze pho	port
		:											
4.	Date of birth	:	D	D	М	М	Y	Y	Y	Y			
							, , , , , , , , , , , , , , , , , , ,						
5.	Sex	:		Ma	ale		∣ Fem	ale			Others		
6.	Nationality	:											
7.	Address for communication	:	_										
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			_										
			_										
8.	Pincode	:	_										
	- moore	•											
9.	Mobile number	:				I							
-•		-											

10. e-mail ID

11. Educational qualification from matriculation/SSLC (1 is the most recent degree)

S. No	Educational Qualifications	Subject	Percentage Obtained	Year of Passing	Name of the College, Board University		

12. Experience (1 is the most recent degree)

Sl. No.	Office Address	Post Held	From (DD/MM/YYYY)	To (DD/MM/YYYY)	No. of years and months (Experience)	Regular/ Temporary/ Contract

13. a) Mother tongue

b) Other languages known			
	Reading	Writing	Speaking
English			
Tamil			
Others			

:

13. List of attested copies to be enclosed along with the application (follow the same sequence)

a)	Aadhar card (Identity Proof and Address Proof)			
) Age Proof (Birth Certificate/10 th /12 th Certificate with age) Proof of educational qualifications			
	10 th			
	HSC			
	UG			
	PG			
d)	Proof of experience(s)			
e)	CV (recently updated)			

DECLARATION

I ________ hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect or ineligible and detected before or after Exam/Interview, I hereby convey my consent for cancellation of my candidature. Further, I declare I have gone through all the terms and conditions of appointment. I will abide the same and I will not claim any regularization.

Place:

Signature of the candidate

Date:

Name (in Block letters)