

ANNEXURE

APPLICATION FORM FOR PUBLIC SECTOR EXECUTIVE [THROUGH PROPPER CHANEL]

(Note: Any column left blank will make the application incomplete and liable for rejection.)

1. Name of the post applied for: _____
2. (a) Name (in full): _____
(b) Father's / Husband's Name (in full): _____
(c) Designation of the Applicant (in full): _____
(d) Office Address: _____
3. Present Address: _____
4. Permanent Address: _____
5. Telephone No: Office _____, Residence _____ Fax No. _____
Mobile No. _____ E-Mail address _____
6. Date of birth and age as on date of vacancy: _____
7. Eligibility criteria:

Sr. No.	As per job description	Possessed by the Executive Assistant	Documents Attached
1.	Educational/professional qualification (along with the name of institutons).		
2.	Pay scale		
3.	Length of service in eligible pay scale.		

8. Positions held during the preceding ten years:-

Sr. No.	Designation and place of posting	Organization	From	To	Pay scale

8(a)Details of experience of relevant for the advertised post and job description. Out of 8 above.

Sr No..	Designation and place of posting	Organization	From	To	Payscale	Nature of experience

Note: If you wish, you may attach a write up in support of your candidature not exceeding two pages.

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09. Do you hold lien in any other Organization? Yes No

If yes:

- a) Name of the Organization in which the lien is held.
- b) Date from which the lien is held

Are you on deputation? Yes No

If yes:

- a) Date from which you have been on deputation.

10. (a) whether any punishment awarded to the applicant during the last 10 years Yes/ No

If yes, the details thereof:

(b) Whether any action or inquiry is going on against him as far as his knowledge goes. Yes/ No

If yes, the details thereof:

I hereby declare that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage or my not satisfying the eligibility criteria according to the requirements, my candidature/ appointment is liable to be cancelled/ terminated.

Date :

Place :

(Name and Signature of the applicant)
