

APPLICATION FORM FOR THE POST OF TRAINEE

1. Name of the Candidate: Mr./Mrs. _____
 2. Father's Name: Mr. _____
 3. Date of Birth: _____
 4. Residential Address: _____

Attach passport
size self-attested
photograph

Mob.No. _____ E-mail ID _____

Category: _____ (Caste Certificate to be enclosed)

5. Educational Qualifications :

Sl. No.	Educational Qualifications (Specify Degree/Diploma, Senior Secondary onwards)	University/Board	Year of clearly passing out.	Division Obtained	Final % of marks obtained

6. Passing Score/Percentage of GATE/NET/CLAT(PG) _____ (____%) Year _____

7. Experience (If any)

S. N	Name of the organization where worked/working	Period of working	Duties /Performed

*ATTACH ATTESTED COPIES OF THE CERTIFICATE OF EXAMINATION AND FINAL AGGREGATE MARK SHEET.

UNDERTAKING

I certify that the above particulars are true and correct and nothing has been concealed therein and in case it is found that the above information furnished is incorrect, I shall be liable for the same.

Yours faithfully.

Signature
Name:-

Date:-

For office use:-

Photocopies of Educational Qualification certificate verified from originals, as produced by the candidate.