

DHARAMPETH EDUCATION SOCIETY

North Ambazari Road Nagpur

Application for the Post of _____

In the subject _____

Write the Name of the Institution in which you are applying:

Name the category in which you are applying as a Candidate: _____

Indicate the category with a tick mark (✓) as this in the following check boxes

SC	ST	VJ(A)	NT(B)	NT(C)	NT(D)	OBC	SBC	EWS	Open

Whether Divyang (Physically Handicaped)

Yes/No

1. Full Name in Block Letters: _____

2. Date of Birth: _____

3. Adhar Card No:

Permanent Address _____ _____ _____ _____ _____
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Address to which interview call should be sent : _____ _____ _____ _____ _____

4. Mobile/ Cell number you will be available at: _____

5. Additional Cell/Mobile Number if any: _____

6. Phone No: _____ (office/employer) _____ (Residence)

7. Email: _____

8. Eligibility Qualifications as per Government rules (along-with percentage of marks)

P.G. %

SET (Details)

NET (Details)

Ph.D. (Details)

Special achievement related to above if any : _____

- 9 Please state whether any vigilance case : Yes/No
Departmental enquiry or legal case in any (If yes attach separate
Court of law is pending or being contemplated sheet giving details)
against you, give details

Declaration

I hereby declare that the aforesaid information submitted by me is true to the best of my knowledge and belief and if found false I shall be rendered disqualified and I shall have no claim for the above said post.

Place: -----

Signature of Applicant

Date: -----

Name of Applicant

Note

- 1 Please attach certified copies of the marklists of the examinations mentioned above, degree Certificates, Experience Certificates (if any) & Refresher/Orientation course (if any) and others (if any)
- 2 The reserved category candidate should attach a certified true copy of the caste certificate and caste validity certificate (original should not attached)
- 3 Those who are already employed should forward their application through Head of the Institutions and submit NOC

Forwarded through:

Name of the Institution

Address

Signature of the Employer/Head of institution
(Seal)

Date:-

Place:-