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 (v) 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	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 Departmental enquiry or legal case in any Court of law is pending or being contemplated against you, give details | : | Yes/No (If yes attach seprate sheet giving 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:-