

Application Form for the position of [Post Code]: ____ / ____ / ____

A. Personal Information				
Name in full (in block letters):			<i>Affix Recent Photograph</i>	
Father's Name:				
Nationality:				
Religion:				
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Category:	<input type="checkbox"/> Gen <input type="checkbox"/> SC <input type="checkbox"/> ST <input type="checkbox"/> OBC <input type="checkbox"/> EWS <input type="checkbox"/> PH			
	<input type="checkbox"/> Women (Widowed/Divorced/Judicially-Separated but not remarried)			
	<input type="checkbox"/> Serving AcSIR Employee			
Date of Birth (as per SSLC/ HSC/ SSC/ Matric Certificate)	Date <input style="width: 50px;" type="text"/> Month <input style="width: 50px;" type="text"/> Year <input style="width: 80px;" type="text"/>			
Address for Communication:				
	City:		Pin code:	
	State:			
Phone with STD code/ Mobile No.:				
E-mail Id:				

B. Academic Information (commencing with the equivalent examination in chronological order)					
Degree	Name of the Board/ University	Year of Passing	Subject/ Specialization	Percentage/ CGPA	Class/ Division/ Grade

Add Rows as required

C. Work Experience (starting from the present employment)			
<ul style="list-style-type: none"> Position held Name & Address of Employer 	Period of Employment: From: To:	Annual Salary	Nature of Duties / Work *

Add Rows as required

*Please be brief, if extra space needed use **Page 4**

D. Significant Achievements / Awards

Add Rows as required

E. Any other information (in support of your candidature)

*Please be brief, if extra space needed use **Page 4**

F. References		
List two references (excluding relatives) having knowledge of your work performance, who might be contacted, if needed.		
Name and Designation	Address	E-mail and Phone/ Mobile

DECLARATION

I _____ hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief and nothing has been concealed/ distorted. I am aware that, if at any time I am found to have concealed/ distorted any material/ information, my employment with AcSIR is liable to be summarily terminated without notice.

Date:

Place:

Signature

SPACE FOR ADDITIONAL INFORMATION
(Please mention section, to which the information pertains)
