

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 type="text"/>	Month	<input type="text"/>	Year	
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)

• 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**

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*Add Rows as required***E. Any other information (in support of your candidature)**

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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)
