APPLICATION FORM

APPLICATION FOR THE POST OF

Full	Name of the candida	ate (In Block	Letters):			
Fath	ner's/Husband's Nan	ne:				
Mot	her's Name :					Paste self attested
Gen	der:					Recent Passport Photo
	ritial Status :					PHOLO
		C 11				
	ionality (attach a copy	•				
Peri	manent Postal Addre	ess (attach a	copy of evidence	ce):		
Poli	ce Station:					
Cur	rent Address:					
Mob	oile No.:					
Mob	oile No. (WhatsApp me	essenger) :				
Ema	ail ID :					
Dace	sport No. (If available) (Attach a co	mv).			
	e of Birth (attach a co					
_	(As on 1st January,202	/3):Yea	rs month	(s)		
Cur	rent Designation:					
Cur	rent Employer's Ful	l Address wi	th contact em	ail and phone n	umber:	
Edu	cational Qualificatio	n (attach a co	pies of certific	ates):		
Sl.	Examination	Subject	Year of	Name of Colle	ge Name Board/	Class/ Percentage of
J 11		Subject .	Passing	1102220 01 00210	University	marks obtained
1.	Graduation					
2.	Post graduation					
3.	Others (if any)					
Trai	ining details relevan	t to the posit	tion applied (a	attach copies of o	certificates):	
Sl.	Title of the Traini	ing program	Duratio	on of Training	Training organia	zed by
1.						
2.						
3.						
Tota	al Professional Expe	rience :	Years	month(s)	L	
	_				opies of experience certi	ficates):
	_	xperience (S				ficates): mmary of Services provide

Sl.	Designation	Organization	From (mm/yyyy)	To (mm/yyyy)	Summary of Services provided

^{**} Attach latest salary certificate.

Work	ks/Activities undertaken that bes	t illustrate:	s suitability for t	he position applied for:	
Nan	ne of Assignment or Project:				
Year	r(s) : (from – to)				
Emp	oloyer:				
Mai	n Features of the Project/ assigni	ment:			
Posi	ition held:				
	vities Performed/Services Provio ximum 50 words)	ded:			
	ables as required	•			
	uages proficiency: (please tick $\sqrt{\ }$)			Γ	1
Sl.	Language		Read	Write	Speak
Comp	outer proficiency :				
Sl.	Program/Software/Application	ıs	Excellent	Good	Average
The t	es and Addresses of two persons to two persons must not be related to your temic capacity during the last 5 years	ou and must	1 we may seek re t have interacted w	ference about you: vith you for more than 2 y	ears in a Professional a
The t	two persons must not be related to y	ou and must) I	n we may seek re t have interacted w ddress	ference about you: vith you for more than 2 y Phone no	ears in a Professional a
The tacade Sl 1.	two persons must not be related to yemic capacity during the last 5 years Name of the person &	ou and must) I	t have interacted w	vith you for more than 2 y	
The tracade Sl 1. 2.	two persons must not be related to yemic capacity during the last 5 years Name of the person & designation (if any)	ou and must) A	ddress	Pith you for more than 2 y Phone no	
Sl 1. 2. Do yo	two persons must not be related to yemic capacity during the last 5 years Name of the person &	ou and must A on charges a or summo of any law?	ddress against you? (If you ned into court as (If yes furnish deto	Phone no Phone no es furnish details) defendant in a crimina	E-mail id
Sl 1. 2. Do you Have Fined Have Deck knownecce mad	Name of the person & designation (if any) ou have any criminal or corruption or imprisoned for the violation of	on charges a or summo of any law? ced to resignts made by ereby given ove. I under requested h	ddress against you? (If you need into court as (If yes furnish detection from any position to the Director of restand that any may by Director of Fish	Phone no Phone no Phone no Ps furnish details) defendant in a criminatils) ion? (If yes furnish details) et ion are true, complete at Fisheries, Assam to malisrepresentation or fraucheries would render disn	E-mail id I proceeding or convi

IMPORTANT Notes:

1. While self attested copies of all the relevant certificates/testimonials needs to be submitted along with the application, Candidates are to note that <u>applications without self attested copies of certificates/testimonials relating to Educational Qualifications and Trainings shall be rejected</u>.