

## **PROFORMA OF APPLICATION FORM FOR THE POST OF MD**

1. Name of the candidate :
2. Age & Date of Birth :
3. Gender (M/F/Others) :
4. Name of the Present/Last Organization :
5. Present/Last Post held :
6. Present/Last Pay and Scale of Pay :
7. Complete Postal Address, Telephone & E-mail particulars
  - ✧ Present Postal Address :
  - ✧ E-mail (mandatory) :
  - ✧ Mobile (mandatory) :
  - ✧ Permanent Postal Address :
  - ✧ E-mail (mandatory) :
  - ✧ Mobile (mandatory) :
8. Aadhaar No. :
9. PAN Card No. :
10. Educational Qualification (with details of University / Institutions, Year of Passing, Division, Marks etc.)
  - i. Academic :
  - ii. Professional :

***Contd...***

11. Details of experience and brief service particulars

Sl. No.	Designation/ Post (regular / ad-hoc) and name / contact particulars of organization	From To	Scales of Pay and basic pay	Nature of duties	Remarks/ any other information relevant for the post

12. Any other information in support of the application.

Place:

Date:

Signature of applicant

Enclosures:

*Self attested copies of proof of ID, address, age, educational / professional certificates and suitable evidence of employment in the organization mentioned.*