Application for the post of Young Professional-I (Finance & Accounts)/ Young Professional-II (Finance & Accounts)

Post Applied for:	YP-I		YP-	П	
Name in full (In BLOCK			2		
LETTERS)					
Passport Size Photo (to be			on the	100	9ffa 3
pasted on the box and self-					
attested)	1000	All Rode V			
(64) - *	1-7483	D. Kant			
Father /Husband's Name					1
Date of Birth (as per	DD/MM	/YYYY			
matriculation certificate)	/		- 102		
(i) Mailing address					
(ii) Mobile/ Landline No.					
(iii) Email Id					
Permanent Address (if	- AG 18 AG				
different from Sl. No. 6					
above)	Tuled.				
Category	SC	ST	OBC	GEN	EWS
	Name in full (In BLOCK LETTERS) Passport Size Photo (to be pasted on the box and selfattested) Father /Husband's Name Date of Birth (as per matriculation certificate) (i) Mailing address (ii) Mobile/ Landline No. (iii) Email Id Permanent Address (if different from Sl. No. 6	Name in full (In BLOCK LETTERS) Passport Size Photo (to be pasted on the box and selfattested) Father /Husband's Name Date of Birth (as per matriculation certificate) (i) Mailing address (ii) Mobile/ Landline No. (iii) Email Id Permanent Address (if different from Sl. No. 6 above)	Name in full (In BLOCK LETTERS) Passport Size Photo (to be pasted on the box and selfattested) Father /Husband's Name Date of Birth (as per matriculation certificate) (i) Mailing address (ii) Mobile/ Landline No. (iii) Email Id Permanent Address (if different from Sl. No. 6 above)	Name in full (In BLOCK LETTERS) Passport Size Photo (to be pasted on the box and selfattested) Father /Husband's Name Date of Birth (as per matriculation certificate) (i) Mailing address (ii) Mobile/ Landline No. (iii) Email Id Permanent Address (if different from Sl. No. 6 above)	Name in full (In BLOCK LETTERS) Passport Size Photo (to be pasted on the box and selfattested) Father /Husband's Name Date of Birth (as per matriculation certificate) (i) Mailing address (ii) Mobile/ Landline No. (iii) Email Id Permanent Address (if different from Sl. No. 6 above)

9.	Gender	Male	Female	Other
10.	Whether handicapped (please mention type and extent)			uer A 1 9
11.	Marital status	Married	Sin	

Educational Qualification from Class X onwards in chronological order:

S. No	Exam Passed	Years Of passing	Board /university	Specialization	Percentage of marks /Grade obtained
I.					
II.				*	
III.				380 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1311
IV.		¥ 3 1 1 1		Top as well	9211
V.				(Magistres) (161sa)	

8. Additional Professional training related to the post:							
					evi numbna i	All Arts	

9. Details of employment in chronological Order.

Sl. No.	Organization / Institute	Post held	From	То	Nature of duties

10.	Details of awards, professional achievement, extra - curricular activities etc., if
	any (Document(s), if any, may also be provided in this regard along with this
	form)

I hereby declare that the information furnished in this application are true/correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, my candidature/appointment may be cancelled without any notice and necessary action, as deemed fit may be initiated against me.

(Signat	ure of Candidate)
Name	
Date	
Place	