

# APPLICATION FORM

## (Engagement under COVID-19 for CCH)

Advertisement No.				PHOTOGRAPH		
Name of the Post						
				Identity Proof No.		
1. First Name:		Last Name:				
2. Date of Birth:	3. Age as on 01/07/2020	4. District of Domicile:		5. Sex:		
6. Please mention if UR / SC/ ST/ OBC:						
7. Present Contact Address:			8. Permanent Contact Address:			
9. Email Address:			10. Mobile No.:			
11. Languages spoken/written:						
12. Education: High school onwards, please list all your qualifications						
Exam Passed	Name of the Board / University	Year of Passing	Marks (excluding 4 <sup>th</sup> optional)			Full/Part Time/ Distance Learning
			Full Mark	Marks Secured	% of marks	

*Pradip*  
*19/07/2020*

13. Employment Record:

Total years of post qualification experience :

Years of experience in the Development Sector / NGO :

Years of experience in Government :

14. Details of Employment: (Use separate sheets if required).

Starting with your present employment list in reverse order all the employments, you have had.

**15 A. Current Employments:**

From Month / Year	To Month / Year	Designation

**Location of Employment:**

Description of duties:

15B. Previous Employment:

From Month / Year	To Month / Year	Designation

**Location of Employment:**

Description of duties:

16. Enclosure (pl. specify the list of the enclosure)

Declaration: I hereby declare that all the information furnished above are correct to the best of my knowledge

Date:

Signature of the Applicant

*Signature*  
*21/12/2020*