

RARIMD, Bangalore (under CCRAS, New Delhi)

APPLICATION FORMAT

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Advertisement No:Dated:.....

Name of the Post applied for:

Name of the project applied for:

1. **Name in full (In block letters):**

2. **Father/Guardian Name:**

3. **Date of Birth (dd/mm/yyyy):** ___/___/___, **Age:**(as on)

4. **Sex:**, **Nationality:**....., **Religion:**.....

5. **Marital status:**

6. Present Address:

.....
.....
.....

E-mail:, **Mobile:**.....

7. Permanent Address:

.....
.....
.....

8. **Are you belongs to SC/ST/OBC? If yes, indicate caste.....**

9. **Educational qualifications (In chronological order starts from higher qualification):**

Examination passed	Board/University/Institute	Years of passing	Subjects	% of marks

10. Details of Experience (starting from recent employment):

Name of the organization/ Institute	Designation	Period		Total duration
		From	To	

Declaration:

I hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my candidature/appointment shall be liable to cancelled/terminated without any notice or without any compensation in lieu thereof.

Place:

Date:

.....
(Signature of the candidate)