

STATE POVERTY ERADICATION MISSION



APPLICATION FORM

(Application forwarded in format other than this will be summarily rejected)

1.	Name of the Candidate	:	
2.	Age & Date of Birth	:	
3.	Sex (Male/Female)	:	
4.	Address for correspondence (with pin code)	:	
5.	Permanent Address	:	
6.	Telephone (Landline/Mobile)	:	
7.	E-mail Address	:	
8.	Current Employment Status (Employed/Unemployed)	:	
9.	Total years of experience after prescribed educational qualification (as on 30/10/2018)	: years, months
10.	Work experience with Kudumbashree	:	

11.	Post/Posts applied for (Specify code of the post in brackets) (Write in the order of priority/preference)	1	
	<u>Note:</u> Candidates are required to check their eligibility before applying for each post.	2	

12. Educational Qualification (including details of Class 10, Class 12/Pre-degree, Degree and above)					
Sl. No.	Course	Institution	University/Board	Year of Completion	Percentage of marks
1.					
2.					
3.					
4.					
5.					
6.					
7.					

13. Work Experience

Repeat the structure below to list all employments after prescribed qualification till date of application.

1	Institution :
	Period :
	Designation :
	Work description :
	Your role and responsibilities :

2	Institution : Period : Designation : Work description : Your role and responsibilities :
3	Institution : Period : Designation : Work description : Your role and responsibilities :
4	Institution : Period : Designation : Work description : Your role and responsibilities :
5	Institution : Period : Designation : Work description : Your role and responsibilities :
6	Institution : Period : Designation : Work description : Your role and responsibilities :

14. Break in Employment

If you had break between jobs for a period more than 3 months, explain the reasons.

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15. Any other relevant information that you wish to furnish

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16. References: (From previous employers/academic institutions)

1.	
2.	

DECLARATION

I do hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any particular information given above being found false or incorrect, my candidature for the post is liable to be rejected and my services are liable to be terminated forthwith without any notice to me.

Place:

Date :

Signature & Name of the Applicant:

Enclosures:

Note: 1. Candidates submitting more than one application form will be rejected.