

LINE BALL		STATION OB APPLIED FOR		(PassportSize Photograph Past Here)				
PERSO		Department:Spe			ecialization:			
				s Name:		Gender:		
NIC No:			Date of E	Birth:	MaritalStatus: Sect:			
QUALI								
Certificate/ Degree	Duration in Years	Specialization	Passing Year	CGPA/%ag /Grade	Institute/Board/	Institute/Board/ University		
SSC HSSC								
Bachelor								
Masters								
MS/M.Phil Ph.D								
11.0								
			(Starting from the Position/Job Title		om To		Total Period Years/Months)	
							,	
. Total Expe	erience (as	Full Time/ Perma	anent Em _l	ployee) in Y	ears/Months:			
Date					Signature			
			NOT be a fa	amily membe	er/relative of the applicant)			
S.No	Name				Designation		Contact No.	

Note: Experience as part-time job or Adhoc employment will not be considered.