

REGIONAL INSTITUTE FOR MENTALLY HANDICAPPED, SECTOR -31, CHANDIGARH

POST APPLIED FOR : _____

Passport size
Photograph to
be pasted

1. Name: _____
2. Father's /
Husband Name _____
3. Present Address:
With Phone No. &
Email address _____
4. Date of Birth: _____
5. Age as on 01-01-2015 _____
6. Male /Female: _____
7. Married /Unmarried: _____
8. Category (SC /OBC/General): _____
9. QUALIFICATIONS: -

(Matric onwards with full details of year of passing, name of Board University and Percentage of mark obtained)

Degree/Diploma	Year of Passing	University/Board	% of Marks

10. Knowledge of computer: - _____
11. EXPERIENCE: - _____
(If any, with full details about name of employers, designation and duration)

S. No	Name of Employer	Designation	Duration	
			From	To

12. Extra curricular activities (Sports , NCC) _____
13. Any Other achievements : _____

14. Demand Draft No. _____ Date _____

Date _____

(Signature of Applicant)

DECLARATION BY THE CANDIDATE

I hereby declare that the information furnished by me is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any mis-statement/discrepancy in the particulars being detected and after my appointment is such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

Date _____

(Signature of Applicant)