

National AIDS Control Programme (NACO)

Distt. Hisar

Application for the post of _____

1. Name of the candidate : _____

2. Father's/Husband Name : _____

3. Sex : _____

4. Date of Birth
(DD/MM/YYYY) : _____

Paste here
latest
Passport size
Photo

5. Category to which belong : _____

6. Telephone/Mobile No. : _____

7. E-mail ID : _____

8. Permanent Address : _____

9. Correspondence Address : _____

10. Educational / Professional Qualifications:

Examination Passed	Board/Universit y	Year of Passin g	Maximu mMark s	Marks Obtaine d	%ag eof marks	Division	Subject
10th							
10+2/ Vocational/ Intermediate							

Name of Institution/ Organization	Designation	From	To	Total period

12. Total Experience: Year(s) _____ Month(s) _____ Day(s) _____

Name of Institution/ Organization	Designation	From	To	Pay/Salary/ Honorarium.	Total period

14. Declaration: I hereby declare that:

1. All statements made in this application form are true, complete and correct to the best of my knowledge and belief. In the event of any information being found false or incorrect, or in eligibility being defected before or after the interview/selection/appointment, my candidature may be cancelled and action can be taken against me by the committee/commission.
2. I have read the provisions in advertisement of the comission carefully and I hereby undertake to abide by them. I fulfill all the conditions of eligibility regarding age limits, educational qualifications etc prescribed in the advertisement and other relevant rules and instructions.
3. I have never been convicted by Department/Government/Semi Government Service (Contractual/Regular Service any Department).

Date :

Place :

Signature of the Candidate