Application Form for Registration

Personal Detail

Exch Name																	
Name seeke	e of Job er	First Name*							Surname					Last Name			
Fathe	er's Name																
Mothe	er's Name																
Email (If any	l Address y)																
Sex*		Male Female						Date of Birth*(DD/MM/YYYY)									
Marital Status*		Married/Unmarried/Widow/Widower						Spouse Name									
Caste*		SC/ST/Open/OBC						Religion* Hindu/M			Mus	lim/Chr	istiar	n/Sikh/Othe	ers		
Urban/Rural*								Phone Number (if any)									
Addr	ess for Cor	nmunic	ation					Prov	ince - P	erm	anent	Add	ress				
Address*								State*									
					Information Regarding State Certificate.												
City/Tehsil*									State Belongs Certificate Number								
State									Certifying Authority								
District									Certificate Date								
Pin code								Remarks									
Upload your Photo		(Only GIF,JPG & JPEG)															
Oual	ification	Detail															
Sn.	Exam Pass		S	School/Instit	ute Name	e Name			Year of Pass	M	Medium	PC	c -		Subject studied(Optional)		
No															Subjects	Subj	ect Type
												1					
	ience Deta													l .			
Name-Of-Emplo		oyer* From- Date		- To- Date			ature-of- ork		Type-of-Jol (Part time/F		Full) Le		ay-On- eaving* Rs/month)		Experi ence type	Post held	Reason of leaving
	guage Pro		cy									_		_			
Langi	uage known	*			Pro	oficien	cy (Y/N	1)									

Read

Speak

Write

Additional Information Details

Are you ready to Relocat	te*	1. Abroad also							
(Check any one)		 Anywhere in India Anywhere within s Anywhere in Town 	state	Are you Employ	(Y/N)				
Proof of Residence		(Passport, Voter ID,	Ration Card etc.)	Residence Proof IdNumber					
Expected Minimum Sal	ary								
Local Jobs(Rs PM)				Outside Jobs(Rs PM)					
Priority									
Central :	Central Priority :								
Certificate Number :	Certifying	g Authority(S):	Period of Works(S):		Certificate D	e Date(S):			
State :	State Pri	ority:							
Certificate Number :	Certifying	g Authority(S):	Period of Works(S):		Certificate Date(S):				
Physical Standards					·				
Wear Glasses			Main Sports						
Height (in Cms)			Sports Level						
Weight (in Kgs)			Sports Grade						
Chest (in Cms)			Ncc Level						
Disability (More than 40%)			Whether Ex-serviceman						
Blood Group			Whether Displaced						
Caste Details	<u></u>				<u>'</u>				
Main Caste			OBC (At Centre)*						
Sub Caste									
Certificate Number*			Certificate Issue Date*						
Certificate Issued by Whom*			Remarks						
Willingness Details									
Employment Sector Willingness			Vacancy Willingness						
Other Willingness									
Whether willing to									
(ii)Undergo training			Specify Trade(s)						
Non Availability									
From			То						
Reason		·							

Note:

- Fields with * mark is mandatory
 Strike out wherever not applicable