**APPLICATION FORM**

**Post Applying : …………………………………………………………………………………………….**

**1. Employee Details**

* 1. Name: ………………………………………………….……………………………………………….
  2. EPF Number: ……………………………….. Division: ……………………………………….
  3. Designation: ..…………………………………………………………………………………………

**2. Educational Qualifications**

**2.1 Bachelor’s Degree**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree** | **University/ Institute** | **Valid Date** | **Copy of the certificate to be attached** |
|  |  |  | **Annexure (…)** |
|  |  |  | **Annexure (…)** |

* 1. **Master’s Degree**

|  |  |  |  |
| --- | --- | --- | --- |
| **Master’s Degree** | **University/ Institute** | **Valid Date** | **Copy of the certificate to be attached** |
|  |  |  | **Annexure (…)** |
|  |  |  | **Annexure (…)** |

* 1. **Doctorate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Master’s Degree** | **University/ Institute** | **Valid Date** | **Copy of the certificate to be attached** |
|  |  |  | **Annexure (…)** |
|  |  |  | **Annexure (…)** |

* 1. **Diploma/ Higher Diploma**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Higher Diploma/ Diploma** | **University/ Institute** | **Duration** | | | **Copy of the certificate to be attached** |
| **From……** | **To** | **No. of months/ Years** |
|  |  |  |  |  | **Annexure (…)** |
|  |  |  |  |  | **Annexure (…)** |
|  |  |  |  |  | **Annexure (…)** |
|  |  |  |  |  | **Annexure (…)** |

* 1. **Certificate Courses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Certificate Course** | **Institute** | **Duration** | | | **Copy of the certificate to be attached** |
| **From……** | **To** | **No. of months/ Years** |
|  |  |  |  |  | **Annexure (…)** |
|  |  |  |  |  | **Annexure (…)** |

**3. Professional Qualifications:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership obtained** | **Institute** | **Valid Date** | **Copy of the certificate to be attached** |
|  |  |  | **Annexure (…)** |
|  |  |  | **Annexure (…)** |
|  |  |  | **Annexure (…)** |

**4. Work Experience:**

* 1. **Work experience prior to SLTDA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Years & Months** | | **Position** | **Organization** | **Copy of the certificate to be attached** |
| **From** | **To** |
|  |  |  |  | **Annexure (…)** |
|  |  |  |  | **Annexure (…)** |
|  |  |  |  | **Annexure (…)** |
|  |  |  |  | **Annexure (…)** |
|  |  |  |  | **Annexure (…)** |

* 1. **Work experience at SLTDA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Duration** | | | **Division** | **Position** | **Category** | **Grade** |
| **From** | **To** | **No. of years & months** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**5. Other Skills and Performances:**

|  |  |  |
| --- | --- | --- |
|  | **Area of acquired skills/ Performances** | **Copy of the proof documents to be attached** |
|  |  | **Annexure (…)** |
|  |  | **Annexure (…)** |
|  |  | **Annexure (…)** |

I do hereby certify that the above particulars furnished by me are true and correct to the best of my knowledge and forward the same for your kind consideration.

……………………………… ………………………

**Signature of employee Date**

……………………………… ………………………

**Head of the Department Date**