

# APPLICATION FORM

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1. Post applied for: .....

2. Name: Mr. / Mrs. /Miss. -----  
[In Capital letters]                      First Name                      Middle Name                      Last Name

3. Father's / Husband's Name: -----

4. a) Date of Birth: -----                      3. b) Age (in Yrs): -----  
(DD-MM-YYYY)

5. Permanent Address: -----  
-----

P.S. ----- Dist. ----- Pin ----- State -----

6. Address for Communication: -----  
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P.S. ----- Dist. ----- Pin ----- State -----

7. a) Mobile No.: ----- b) E-mail Id: -----

8. Qualifications Details [starting from HSLC/10<sup>th</sup> standard]:

Sl. No.	Examination Passed	Year of Passing	Board / University / Institution	Subject	Class/ Division	Marks obtained	% of Marks

9. Professional Qualification:

Sl. No.	Professional Qualification	Year of Passing	Board / Institution	Class/ Division	Marks obtained	% of Marks

10. Proficiency in Computer Application:

Sl. No.	Name of the Course	Year of Passing	Board / Institution	Duration	Class/ Grade

11. Past Employment Experience:

Sl. No.	Organization	Post held	From	To	Total working Experience (No. of years)	Area of Work in details

12. Nationality: ----- 13. Caste [SC / ST / OBC / General]: -----

14. Religion: -----

**Declaration:**

I hereby declare that the above information is correct to the best of my knowledge & belief. In case any of the above information is found incorrect, my application is liable to be cancelled and I shall abide by the decision / action taken by Assam State AIDS Control Society in this regard.

DATE:

PLACE:

SIGNATURE OF THE APPLICANT