<u>APPLICATION FOR THE POST OF</u> <u>IN HEAD QUARTER OF T.R.A.I.</u>

Passport Size photograph duly attested by the present employer

1.	Name of applicant with Complete Office Address, e-mail & Telephone No. (in Block letters)	 	
2.	Residential Address with Phone No.		
3.	Date of Birth (in Christian era)	 	
4.	Whether belongs to SC/ST	 	
5.	Date of retirement under Central/State Govt. Rules	 	
6.	Educational Qualifications	 	
7.	Whether belongs to Organised Gr. A Service If Yes, then mention Name of Service and Batch	Yes/N	ю
8	Whether Educational and other qualifications required for the post are satisfied (If any qualification has been treated as equivalent to the one prescribed		

in the rules, state the authority for the same)

		Qualification/ Experience required	Qualification /Experience possessed by the officer
Essential	(1)		
	(2)		
	(3)		

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- 9. Post held on regular (i.e. substantive) basis and the date from which held with pay scale
- 10. Please state clearly whether in the light of entries made by you above, you meet the requirements of the post
- 11. Details of Employment, in chronological order, enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient

Office	e/Instt/	Post held	From	То	Scale of pay	Natu	re of		
Orgn.					and basic pay	dutie	S		
12.		e of present e orary or perm		ent, i.e	adhoc or				
13.		e the present ation/contrac	• •						
	a) b)	—		-	nent on deputation/				
	c)		•	ffice/o	organization to				
		which you b	belong			•••	•••		
14.	Traini	ng/Courses a	ttended			••••	•••	••••	
15.	Please	e state whethe	er workin	_	ent employment er –				
	a)	Central Gov					•••	••••	
	b)	State Gover		otion			•••		
	c) d)	Autonomou Governmen			b	•••	•••	•••	
	e)	Universities		kings					
	•)		,			•••			
16.	date fi		e revisior	n took	If yes, give the place and also				
17.	Total	emoluments	per montl	n now	drawn				
18.	like to	o mention in sost. Enclose a	support of	fyour	iich you would suitability for , if the space is				
19.	Rema	rks							

Date:

(SIGNATURE)

Mobile No.

Certified that the service particulars given by the applicant are verified with reference to service records and found to be correct.

Signature with seal of the Competent Authority

ANNEXURE-I

Additional Information

Name :

Post Applied for :

(A) Educational Qualifications:

S.No.	Name of Course (Degree/ Diploma/Certificate etc.)	Type of Course (Degree/ Diploma/ Year Certificate etc.)	Name of University/ Institute	Subjects	Grade/ Percentage Remarks, of Marks obtained any	if

(B) Training Details:

S.No.	Name of Training Course	Institute	Online OR Onsite (Please mention place of training in case of onsite Trg.)	Duration of Course	Period we.f to	Remarks, if any (Also mention whether Inservice course)

(C) Posting Details

S.No.	Organisation	Designation	Period From to	Station of Posting	Brief nature of work

(D) Special Achievements (if any)

(E) Publications (if any)