



Receipt Date : \_\_\_\_\_  
Advt. : FMG-02/03-2018

( Candidates are advised to go through the Eligibility criteria & Instructions carefully before applying separately for each post )

Sr. No.	Qualification	Name of the Board / University / Institution	Regular Course ( Yes / No )	Year of Passing	% Age / Grade	Punjabi passed in Matric (Yes/ No)
1	Matric / Class 10					
2						-
3						-
4						-

Other skills, if any:

SN.	Type of skill	Yes / No	From where obtained	Duration of skill training
1				
2				

Brief description of requisite post qualification experience (Attach attested copies of the exp. certificates):

SN.	Name of the organization	Name of the post held	Date From (DD/MM/YY)	Date To (DD/MM/YY)	Total Duration (Yrs / Mths)	Brief description of duties
1						
2						
3						
4						

(Please attach separate sheet, if required)

Total Experience in years & months: \_\_\_\_\_

**Verification :**

1. Certified that I am not involved in any criminal activity and no criminal case is pending against me in any court of law in India and my services have never been terminated by any institution Govt./Private on any account.
2. If at any time, it is found that I have given incorrect or manipulative information/documents then my services are liable to be terminated without giving any notice or compensation.
3. I have satisfied myself regarding my eligibility with regards to the prescribed essential qualification, post qualification experience, if any, age etc. required for this post.
4. Certified that all the information furnished above by me is correct to the best of my knowledge and nothing has been concealed therein.

Place: \_\_\_\_\_ Date: \_\_\_\_\_ ( Signature of the Candidate )

( Note: Please write your name in CAPITAL LETTERS and mobile number on the back of bank draft/pay order)

Bank DD/ PO No. : _____	DD/PO Date : _____
DD/PO issuing : _____ bank name	DD/PO Issuing: _____ branch address :

**(For office use only)**

Received Application Fee of Rs \_\_\_\_\_ /- through Demand Draft/ Bankers Pay Order

NIELIT Payment Receipt No.		NIELIT Payment Receipt Date	
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Signature of the Accounts/Finance Officer and date : \_\_\_\_\_

**(For office use only)**

Appl. form and testimonials checked by : \_\_\_\_\_ Signature : \_\_\_\_\_