## **NATIONAL AIDS CONTROL PROGRAMME DISTRICT KAITHAL**

NAME OF THE	POST APPL	IED FOR	•	•••••••	•••••	•••••	
NAME OF THE	DISTRICT		:	••••••	••••••		Paste Recent
1. Namo	e of the Car	ndidate	:			•••••	Passport Size
2. Fathe	er's/ Husba	nd Name	:			•••••	Photo Here
3. Sex			:				
4. Date	of Birth		:	••••••	••••••	••••••	
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6. Telep	hone / Mo	bile No.	•			•••••	
7. E-ma	il		•		•••••	•••••	
8. Perm	anent Addı	ess	:				
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11.Educ	ational / Pr	ofessiona	l Qualifica	tion:	•		
Examination Passed	Board/ University	Year of Passing	Maximum Marks	Marks obtained	%age of Marks obtained	Division	Subjects
10 <sup>th</sup>							
10+2 /							
Vocational / Intermediate							
Graduation							

Post
Graduation
Any other
Course /
Diploma etc.

## 12. Any Special Experience

(Regarding the post applied for)

Name of Institution /	Designation	From	То	Pay / Salary /	Total Period
Organization				Honorarium p.m.	

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13. KnC	owieage of	Computer	:	•••••••	•••••	
14. Det	tail of docu	ments attach	ned:	•••••		
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15. Decl	aration : I	hereby decla	re that			
1.	All statemen	ts made in this app	olication form	are true, comple	ete and correct	to the best of m
	_	nd belief. In the ev	=	_		
		eing defected beformay be cancelled a				ment, my
2.		he provisions in ad		_		to abide by the
		conditions of elig				ications etc.
3.	=	the advertisement been convicted by			instructions.	
<b>3.</b>						
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