Tele: +91-40-27197200 Fax: +91-40-27019074

Affix your recent passport size photo& sign across

Annexure - 1

Tarnaka, Hyderabad - 500 007, Telangana

Email : nin@ap.nic.in Web: www.ninindia.org

## APPLICATION FORMAT FOR THE POST OF CONSULTANT

Name of the candidate in full (In block letters) :  b. First Name											a.	Title (Mr./Ms./Mrs./Dr.)													
	D.	1 11 3	LING	IIIC												Т									
	c.	Sui	nan	ne	1	1			_			1		1		_		1				1	1		
2.	Fath	er's	Nar	ne(In	block l	etters)			•	:		•	•	•	•	•	•	•	•			•			
3. Permanent Address (In block letters) :																									
							D:	n:							N	Mob	ile o.								
4.	Add	ress	for	Com	mun	icatio	O <b>N</b> (In	block	letters	) :															
															N	Mob	ile								
							Pi	n:									o.								
Email ID(in capital letters):																									
5. Date of Birth & Age : DOB: , Age: years months days														days											
6. Gender : Male Female 7. Marital Status : (Married/ Unmarried :																									
8.	8. Whether belong to : 9. Religion : SC/ST/OBC/PH(mention details)																								
10.	Aa	dhai	No	<u>.</u>	:																				

## 11. Educational qualifications (From SSC onwards):

SI.	Examination			Per	iod	Percent-	Division/ Grade
	passed with group	Subjects	Board / University	From dd-mm-yy	To dd-mm-yy	age	

12. Experience (with Organization name and period of experience): Period Department/ То SI. Name of the post/ **From** Total Years/ Institution/ **Emoluments** No. dd-mm-yy dd-mm-yy position Months/ Days Organization 13. Nature of duties performed: (In Brief) 14. Languages known: a. To speak b. To write c. To read 15. Details of previous Consultancy, if any: 16. Additional Information, if any : **DECLARATION** I, hereby declare that the information furnished in the application is true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any of the above information furnished by me being found false or incorrect at any stage, my candidature/ appointment is liable to be summarily cancelled/ terminated without any notice or compensation. Signature of the Candidate : Place : \_\_\_\_\_ Date : \_\_\_\_\_ Name (In block letters) :