

राष्ट्रीय सिंधी भाषा विकास परिषद
National Council for Promotion of Sindhi Language

शिक्षा मंत्रालय/ भारत सरकार

(Application Form for the post
of Assistant Director/ JAAO on
Deputation Basis)

- 1) Post Applied for:.....
- 2) Name (IN CAPITAL LETTERS):
- 3) Father's Name:.....
- 4) Date of Birth (DD/MM/YYYY):
- 5) Postal Address
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- 6) Date of Retirement under the Rule of Central/State Government (DD/MM/YY).....
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- 7) Educational Qualification and Experience (Submit Attested Photocopy of Certificates):
 - (i) Educational Qualification:
Essential:.....

Desirable:.....
 - (ii) Experience of the Applicant:
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- 8) Details of Post held (a) Post and Employer's Name (b) Length of Service (c) Pay Scale Revised/Pre-revised) (d) Type of Appointment Permanent/Temporary/Deputation (e) Nature of Duties Performed
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9) Whether belong to SC/ST/OBC, (if yes, please attach the attested copy of the certificate)

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10) Any other information, justification for the post, if you desire to explain.....

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Declaration: I hereby declare that the above information is correct to the best of my knowledge.

(Signature of Applicant)