

Age as on 01.10.2015 _____ Years.

5. CONTACT DETAILS

Telephone No. (with STD code)	
Mobile No.	
E-Mail ID	

6. INDICATE BY ✓ MARK IN APPROPRIATE BOX:

a. Gender: Male Female

7. FATHER'S / SPOUSE NAME

8. PLACE OF BIRTH

Place _____ District: _____ State: _____

9. EDUCATIONAL/PROFESSIONAL QUALIFICATIONS (From 10th Standard Onwards)

Exam Passed	Name of the Institution/Board	Subjects	Month & Year of Passing	%age of marks obtained

(If space given above is not sufficient, please attach a separate sheet. Every page of the sheet must be duly signed by the candidate). Please account for breaks, if any, in academic record.

10. PARTICULARS OF FULL TIME POST - QUALIFICATION EXPERIENCE
(AS ON 01.10.2015)

Name of Employer	Name of Post	Period of Service		Length of Service		Nature of duties performed
		From	To	Years	Month	

(If space given above is not sufficient, please attach a separate sheet. Every page of the sheet must be duly signed by the candidate). Please account for breaks, if any, in the service record.

11. EXPECTED MONTHLY EMOLUMENTS:

I _____ son/daughter of _____ hereby declare that the information furnished above is true and correct. I understand that if any of the information given above is found incorrect, NHB reserves the right to cancel the contractual appointment at any time.

Place: _____

Date: _____

(Signature of the candidate)