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

Email : nin@ap nic in Web: www.nnindia.org Annexure - 1

Affix your recent passport size photo& sign across

## **APPLICATION FORMAT FOR THE POST OF CONSULTANT**

Name of the candidate in full (In block letters) :										a.	Title (Mr./Ms./Mrs./Dr.)															
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11. E	duc	catio	nal c	uali	ficat	ions	(From	SSC onv	wards):											_						
SI. Examination No. passed with group						Subjects					Board / University						Period From To					Percent- age		Division/ Grade		
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SI. No.	Examination			Per	iod	Percent-	Division/
	passed with group	Subjects	Board / University	From dd-mm-yy			Grade

12. Experience (with Organization name and period of experience): Period Department/ From To SI. Name of the post/ Total Years/ Institution/ **Emoluments** dd-mm-yy dd-mm-yy No. position Months/ Days Organisation 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) :