Tarnaka, Hyderabad - 500 007, Telangana

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

Annexure - I

Affix your recent passport size photo& sign across

APPLICATION FORMAT FOR THE POST OF CONSULTANT

1.	Nar	ne o	f the	can	dida	te in	full (In	ı block	letters) :	:		a.		Title]			
Name of the candidate in full (In block letters) First Name											(Mr./Ms./Mrs./Dr.)														
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3. Permanent Address (In block letters)																									
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4. Address for Communication(In block letters) :																									
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6. Gender . Male Female 7. Marital Status : (Married/ Unmarried																									
8.				elong C/PH		ntion d	etails)		:											9.	Reli	gion	:		
10.	Aa	idha	r No	-		:																			
11.	Edu	ıcatio	onal	gual	lifica	tions	(From	SSC or	nwards):															
11. Educational qualifications (Fro										ard / I	/ University					Period From To				Percent-	Division/				
No. passed with group				ıp	Subjects Board					u / C	. C.III GI GICY					dd-m		de	d-mm		age	Grade			

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

12. Experience (with Organization name and period of experience): Period Department/ From То Total Years/ SI. Name of the post/ Institution/ **Emoluments** No. dd-mm-yy dd-mm-yy Months/ Days position Organisation 13. Nature of duties performed: (In Brief) 14. Languages known: a. To speak b. To write c. To read Details of previous Consultancy, if any: 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) :