APPLICATION FORM FOR JR. FACULTY/ACCOUNTANT

Affix
Passport size
Photograph here

*Mode of Payment: Bank D.D. No............. Date ........ Bank Name: ...................
(#favoring NIELIT Ajmer, Payable at Kekri)

Name of the Candidate: ..........................................................

Father Name: .................................................................

Date of Birth (dd/mm/yyyy): ..............................................

Age as on 20th February, 2017: Years........Month........

Category (GEN/SC/ST/OBC): ...........................................

Present Address: .............................................................

..........................................................PIN

Permanent Address: ........................................................

..........................................................PIN

Email id: .................Contact Telephone no/Mob.no.............
Educational Qualification 10th. class onwards (Attach copies of certificates):

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Qualification/Degree/Diploma</th>
<th>Name of University/Institution</th>
<th>Year of Passing</th>
<th>% &amp; Division</th>
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Computer Skills:


Brief Description of experience:

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<th>Sr. No.</th>
<th>Name of Organization Worked in</th>
<th>Duration</th>
<th>Brief Description of duties</th>
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All the Supporting self-attested documents for qualification and experience are mandatory to attach before the test.

Experience in years & months:

Certified that all the information furnished above by me is correct to the best of my knowledge.

* The registration fee is non-refundable.

(Signature of Candidate)

Place:  

Name of Candidate  

Date:  