APPLICATION FOR THE POST OF _____

1.	Name of the Candidate (in capital letters)			
2.	Gender			
3.	Date of Birth (Proof to be attached)			
4.	Marital Status			
5.	Name of parent / guardian / Husband			
6.	Nationality			
7.	Religion			
8.	Community (Proof to be attached)			
9.	Educational Qualification with passingmonth, year and Percentage.	Year of Passing	%	Course
	8th			
	10th			
	12th			
	UG			
	PG			
	Other			
10.	Experience if any (No. of years with period)(Certificate copy to be attached)	No.of. Years and Month		Details
	Government			
	Private			

11.	Other qualifications if any	
12.	Permanent Address (Ration Card / Nativity Certificate / Aadhaar) Attach the any address proof	
13.	Address for communication	
14.	Contact Numbers	
15.	E Mail_ID	

Additional information, if any, in support of suitability for the post, any other National or State level Recognition/Awards won/ Publications/ Experience/ assignments relevant to the requirements of the post applied.

It is certified that,

a. The information furnished in the application form and enclosed documents is correct.

b. If selected, I shall not hold office of profit or pursue any profession or carry on any businessother than my designated position of ....…………………………at the One Stop Centre.

Place:
Date:

(Signature of the applicant)

NOTE: Filled in application with relevant documents duly self attested to be sent to the below address. Original certificates should not be sent along with the application.

Last Date to submit the application : 12.07.2024 at 5.45 PM.

ADDRESS:
"SAKHI" One Stop Centre,
Ariyalur Government Hospital Campus,
Ariyalur Siddha Opposite,
Ariyalur district- 621704.