Annexure-I

Application for the Consultant ……in UERC

Self Attested Recent Passport Photograph

1. Name of the Candidate :
2. Date of Birth :
3. Father's Name :
4. Gender :
5. Correspondence Address :
6. Contact No. : Mobile No. :
   E-mail ID :
7. Qualification and Experience:

a) Academic /Professional Qualification (10th Standard onwards):

Sl. No.	Course /Degree	Institute/University/College	Year of Passing	Subjects specialized	% age of marks

(Attach Self attested copies of the certificate)

b) Experience (Details of employment, in chronological order)

Office/Institute/ Organization	Post Held	Period		No. of years and months	Description of duties (in brief)
		From	To		

(Attach self-attested copies of experience certificates. Additional sheet may be attached, if space is insufficient)

c) Whether qualifications & experience required for the position are satisfied:

1) Qualification

Essential Qualifications *(as applicable to the position)*	Possessed by the applicant

2) Professional Experience

Essential/Desirable Professional Experience *(as applicable to the position)*	Possessed by the applicant

d) No. of days required for joining the position, if selected :

Place :
Date:

(Signature of the candidate)
Name