GOVERNMENT REHABILITATION INSTITUTE FOR INTELLECTUAL DISABILITIES SECTOR-31, CHANDIGARH

	POST AF	PPLIED FOR :						
1.	Name:			_				
<u>2</u> .	Father's /			_				
	Husband Name							
3.	Present Address:			_				
	With Phone No. &							
	Email address			_				
١.	Date of Birth:			_				
).	Age as on 01-01-2013			_				
Ò.	Male /Female:			_				
7.	Married /Unmarried:			_				
3.	Category (SC /OBC/General):							
9.	QUALIFICATIONS: -							
	(Matric onwards with full details of year of passing, name of Board University and Percentage of mark obta							
	Degree/Diploma	Year of Passing	University/Board	% of Marks				
0.	Knowledge of computer: -							
1.	Certificate of RCI Registration No							

12. <u>EXPERIENCE</u>: -

(If any, with full details about name of employers, designation and duration)

	S. No	Name of Employer	Designation	Duration		
				From	То	
13.	Extra curricular activities (Sports , NCC)					
14.	4. Any Other achievements :					
15.	Dema	and Draft No	Date			
Date				(Signature of Applicant)		

DECLARATION BY THE CANDIDATE

I hereby declare that the information furnished by me is true, complete and correct to the best of my knowledge and belief. I have not suppressed any material, fact or factual information. I have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any misstatement/discrepancy in the particulars being detected and after my appointment is such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected and my candidature is cancelled as a result thereof.

Date	(Signature of Applicant)
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