Digital India Corporation

Application for the Post of.....

Part – I Proforma for Application

Affix one copy of recent passport Size photograph

Each column should be filled. Digital India Corporation may not consider this application, unless all columns have been filled. 1. Name of the Applicant: (Surname First) 2. Fathers' name 3. Mothers' name: 4. Name of the Spouse: (in case of married applicants) 5. Date of Birth 6. Sex 7. Nationality 8. Marital Status \mathbf{M} F Category (please tick) **GEN** SC ST**OBC** 10. Permanent Address with pincode: Phone Nos. (with STD Codes) (Office) (Residence) (Mobile) E-mail Fax 11. Address for Correspondence with pin code: Phone Nos. (with STD Codes) (Office) (Residence) (Mobile) 12. Have you been interviewed for recruitment in any post in Digital India Corporation earlier?

If yes, for which position & Year:

Examination/ Degree	Name of the Institute/ Board University	Main Subject(s) / Specialization	Year of Passing	Percentage of marks in aggregate and Division	Rank / Distinction, any
14. Fields of specia	lization:				
5. Are you emplo	· · · · · · · · · · · · · · · · · · ·	mi-Govt./Public Secto	r Undertaking/Auto	nomous Bodies.	
f 'Yes', the applica	□Yes ation should be forwa	□No orded through proper	channel or NOC to b	e produced at the ti	me of interview.
	ent employment:				

ii) Designation	of the post held				
iii) Total salary i	if on CTC/Consolida	ated basis:			
	moluments/benefits				
(other than sa	lary) available:				
v) Any other releva	nnt information:				
17 TAT 1 F	/I ((F' () /DI	1 114	1	• 1\	
	ce (Latest First): (Ple		1		
Name and Nature of the	Designation & Grade	ase use additional s Total Salary drawn	1	uired) of Service	Role of Applicant and Significant Contributions
Name and Nature	Designation &	Total Salary	Period o	of Service	Role of Applicant and Significant Contributions
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Name and Nature of the	Designation &	Total Salary	Period o	of Service	Role of Applicant and Significant Contributions

18. Deta	ils of Exper	ience Relevant to th	ne Post applied for:	(Please use a	additional s	heets, if required)	
S.No.	Type of Experience				Details of Experience with specific achievements. Also Please specify timelines.		
19. Field of specialization, summary of R&D and other work done with list of patents, Publications and reports, if any (one set of reprints to be furnished, if available)							
	(Use extra page if space is insufficient)						
20. Association & Affiliation with Professional Bodies :							

	(Use extra page if space is ir	sufficient)			
21. Any significant achievements position.	during your career which may supp	ort your candidature for consideration to the			
	(Use extra page if space is in	sufficient)			
22. Why do you think you are suitable for the position?					
(Use extra page if space is insufficient)					
23. Please furnish two professional references • References from relatives, friends, etc. should be avoided.					
(1) Name:		Fax Number			
(1) Ivame.					
Address:		E-mail:			
		How does referee know you:			
Tel. No.: (Off.)	(Res.)	(Mobile)			

(2)	Name:			Fax Number	
Address:		c·		E-mail :	
	Addres	5.		How does referee know you:	
	Tel. No.	.: (Off.)	(Res.)	(Mobile)	
Dε	eclaration	า:			
1.	belief.	I understand tha		ion is true, complete and correct to the best of my knowledge and hission of information may disqualify me from consideration for o, if discovered at a later date.	
2.				ontract of employment nor guarantee for employment.	
3.	I have read and understood the above declaration before signing this.				
Pla	ace:		Date:	Signature of the Applicant	
Ed wi	lucationa th the A	al Qualifications	s, Age, Experience, Current En n. Testimonials in originals s	tes. However, copies of Certificates in support of inployment and Salary SHOULD BE ATTACHED hall be required to be produced, if called for, at	
			Part -	• 11	
			Competent Authority in the c Autonomous Organizations or	case of candidates who are presently working in nly)	
	Certifie	ed that:-			
	i) ii)			correct. ither pending or contemplated against the above	

	Signature:
	Name :
	Designation:
Date:	Department: