**Format of the Application Form**

**APPLICATION FOR ENGAGEMENT OF CONSULTANT IN THE OFFICE OF CMLRE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Affix self-attested recent passport size photograph here** | | | | | |
| **1** | **Advertisement No** | |  | | | | | |
| **2** | **Position Applied for** | |  | | | | | |
| **3** | **Name in full (in Block letters):** | |  | | | | | |
| **4** | **Father’s/Husband’s Name:** | |  | | | | | |
| **5** | **(a) Date of Birth** | |  | | | | | |
|  | **(b) Age as on closing date** | |  | | | | | |
| **6** | **Nationality** | |  | | | | | |
| **7** | **Religion** | |  | | | | | |
| **8** | **Category (SC/ST/OBC/PH/GEN)** | |  | | | | | |
| **9** | **Date of superannuation from Govt. Service** | |  | | | | | |
| **10** | **Pension Payment Order No. (Enclose Xerox Copy)\*** | |  | | | | | |
| **11** | **Complete residential address with phone number/mobile no./E-mail ID\*\*** | |  | | | | | |
| **12** | **Office address at the time of retirement**  **(In block letter)** | |  | | | | | |
| **13** | **Educational Qualifications in chronological order beginning from SSC(10th Onwards)** | |  | | | | | |
|  | **University/Institution/Board** | | **Year of Passing** | | | **Subject taken** | **Result with Division/Class** | |
|  |  | |  | | |  |  | |
| **14** | **Employment records (in chronological order starting with the first job)** | | | | | | | |
|  | **Name and address of employer/institution** | **Period** | | | **Designation of post held and scale of pay PB/GP** | | | **Area of Experience** |
|  |  | **From** | | **To** |  | | |  |
|  |  |  | |  |  | | |  |
| **15** | **Additional relevant information, if any, in support of your suitability for the said engagement, attach a separate sheet, if necessary.** |  | |  |  | | |  |
|  |  |  | |  |  | | |  |

**\*\* Mandatory document**

**Please attach copies for the proof of date of birth, educational qualifications, experience, reservation etc.**

**I hereby declare that the particulars furnished above are true and correct to the best of my knowledge and belief, I further declare that I was clear from vigilance angle at the time of my retirement. I have read this document and ready to accept all the terms and conditions for engagement of Consultant.**

**Place....................................... Signature of the Candidate.............................. Date........................................ Name.………………………..........................**