

**APPLICATION FORM FOR VARIOUS POST UNDER SPIU & SAMC (STRIVE)**

*\*Use uppercase to fill up section 1&2. \*Use tick mark for check boxes.*

*(Fix latest passport size photograph)*

**1. Personal Details :**

<b>Name (in uppercase)</b>													
<b>Father's name</b>													
<b>Nationality</b>													
<b>Sex</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>												
<b>Date of Birth</b>	dd/mm/yyyy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>												
<b>Marital Status</b>	Single <input type="checkbox"/> Married <input type="checkbox"/>												
<b>Post applied for</b>	<table><tr><td>1. Sr. Consultant (STRIVE)</td><td><input type="checkbox"/></td></tr><tr><td>2. Assistant Director</td><td><input type="checkbox"/></td></tr><tr><td>3. M&amp;E Specialist</td><td><input type="checkbox"/></td></tr><tr><td>4. ITI Specialist</td><td><input type="checkbox"/></td></tr><tr><td>5. Data Entry Operator</td><td><input type="checkbox"/></td></tr><tr><td>6. Multi Tasking Staff</td><td><input type="checkbox"/></td></tr></table>	1. Sr. Consultant (STRIVE)	<input type="checkbox"/>	2. Assistant Director	<input type="checkbox"/>	3. M&E Specialist	<input type="checkbox"/>	4. ITI Specialist	<input type="checkbox"/>	5. Data Entry Operator	<input type="checkbox"/>	6. Multi Tasking Staff	<input type="checkbox"/>
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5. Data Entry Operator	<input type="checkbox"/>												
6. Multi Tasking Staff	<input type="checkbox"/>												
<b>Address for correspondence</b>													
<b>Permanent Address</b>													
<b>Contact No./ Mobile No. (Provide 2 No. if possible)</b>													
<b>E-mail ID</b>													

**2. General Qualification**

(from X<sup>th</sup> class onwards for Consultant (STRIVE) , Assistant Director, M&E Specialist, ITI Specialist & Data Entry Operator)

(VIII<sup>th</sup> class for Multi Tasking Staff) :

Name of Examination	Name of School/ College/ Department/ Institute	Name of the Board/ University	Duration of the course	Year of Passing	Marks attained (%age)

**3. Experience :**

(Self attested documents to be enclosed)

Name of Organization	Designation & Location	Duration (Month & Year)		Major Responsibilities
		From	To	

**Note : Documents to be attached (Self attested):-**

1. Birth Certificate
2. Certificates/ Marksheets
3. Certificates/ Marksheets of Prof./ Technical Qualification
4. Experience Certificates
5. Employment Registration Card

**Signature of Candidate**