## ADDICTION TREATMENT FACILITIES

Applic	ation for the post of		
	-		Affix Stamp
1.	Name of the candidate	:	Size
2.	Father's Name	:	Photograph
3.	Husband's Name	:	
4.	Sex	:	
5.	Date of Birth	:	
6.	Category to which belo	ng:	
7.	Mobile No	:	
8.	Email ID (If any)	:	
9.	Permanent Address	:	
10.	Address for Correspond	lance:	

## 11. Educational/Professional Qualification:

Examination	Board /	Year of	Maximum	Marks	%age	Subjects
Passed	University	Passing	Marks	Obtained	of	
					Marks	
10 <sup>th</sup>						
10+2/Vocational						
/Intermediate						
Graduation						
Post Graduation						
Any other						
Course/Diploma						
etc.						

- 10	ame of	Designation	Fr	om	To	To	Total		
In	stitution/Organization					Pe	riod		
2 To	otal Evporiance: Vacr(s)		Month(s)		Doy(s)				
	tal Experience: Year(s)_	<del></del>	Monun(s)		Day(s)		•		
Na	ame of	Designation	From	To	Pay/Salary/Honorarium		Tot		
Ins	stitution/Organization				p.m		Per		
l4 De	etails of fees deposited:-								
	). Receipt No:				Dated:				
	). Branch:								
	). Amount:								
	etails of Documents Atta								
13. De	tans of Documents Atta	clied							
—	1	41 4 .							
	Declaration: I hereby declare that:  1. All statements made in this application form are true, complete and correct to the best of								
1.	knowledge and belief				•				
	ineligibility being d		•		-				
	candidature may be car				•				
	I have read the provisi				· · · · · · · · · · · · · · · · · · ·	-			
2.	to abide by them. I fulfill all the conditions of eligibility regarding age limits, education qualifications etc. prescribed in the advertisement and other relevant rules and instructions.								
2.			vonticon-	nt and	other relevant 1.	o and inct-	atio-		
	qualifications etc. pres	cribed in the ad		nt and	other relevant rule	es and instru	ction		
2. 3. <b>4.</b>	qualifications etc. pres	cribed in the advicted by crimin	al court.						