INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES

FORMAT OF APPLICATION

1.	Name of the Candidate										
	(in block letters)										
2.	Father's Name/Spouse's Name										
	(in block letters)										
3.	Post Ap	plied for									
4.	Designa	ation at the time o	n								
	& date	of retirement									
5.	Pay Sca	ale/Pay Band & (
	time of	Retirement									
6.	Name o	of the Parent Depa	artmer	nt							
7.	Gender	(Male/Female)									
8.	Date of	f Birth (DD/MM/Y									
	15/08/	2024									
9.	Addres	s for communicati									
10.	Email Id										
11.	Contac	t No.									
	(a) Landline										
	, ,	Mobile									
12.	Educational/Professional/Technical qualification (starting from class 10 th onwards)										
Educational Discipline/ Bo				oard/		Year of	Duration of		%age of		Remarks
Qualific	ations	Specialization/	alization/ Un			Passing course			Marks		
subject											
13.	Experie	ence									
			SO.	Design	atio	on & Pay	From		То	Brie	ef Description
Employer's name & address (also Designati indicate whether Central Govt./ State Lev						-	110			5.10	of Duties
Govt./ PSU/Autonomous Body											0. 24
	,		,								
										d/minimizo	
opportunities of interpretation and subjective judgement)											
14.	Whether the Pension is provisional and if										
17.	so, the reason thereof										
15.	Attach the copy of PPO										
ı ±J.	Attacii	and copy or i i O			- 1						

Declaration to be signed by the candidate

I hereby certify that above particulars mentioned in the application are correct and true to the best of my knowledge and belief and nothing material fact/information has been suppressed or concealed therefrom. If particulars mentioned by me are found false or incorrect at any stage, then my services shall be liable to be terminated without any notice and further action as deemed fit may also be taken against me.

Place:	Signature of applicant
Date:	