PROFORMA OF APPLICATION [PEON/LIBRARY PEON]

		f:							
								Self attested otograph	
Name of the applic	ant:					_			
Date of birth:						_			
Age as on 31.12.2	2018:				_				
Address:						_			
						_			
Father's name:						_			
Mother's name:									
E- mail:						_			
Contact number:						_			
Category: (UR/UR (E.C)/ST/SC	:/OBC)					opy of	Caste Certificate/Ex	empted Category
(i)Academic Qual	ificat	tions:				If any)			
Name of the Examination						Percentage of marks obtained		Remarks	
Lammation					mar	KS Obtained			
(ii)Additional Qua	lifica	ation:							
(iii) Experience if	any:								
Name of the		Address of th	e	Name of the p	ost	Number of year	ars	Remarks	
			e	Name of the pheld	oost	Number of year of service	ars	Remarks	
Name of the		Address of thorganisation /	e	_	ost		ars	Remarks	
Name of the	oyer	Address of thorganisation / employer		held		of service			ne best of my
Name of the organisation/emplo	oyer	Address of thorganisation / employer		held		of service	anc	I correct to th	ne best of my
Name of the organisation/emplo	oyer	Address of thorganisation / employer		held		of service	anc	I correct to th	ne best of my

^{**}Provide attested copies of all testimonials
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