

Application Form for Appointment on Contract Basis

NATIONAL RURAL INFRASTRUCTURE DEVELOPMENT AGENCY

15-NBCC Tower, 5th Floor, Bhikaji Cama Place, New Delhi-110066.

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Application for the post of: _____

Category:

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SC

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EXM

1.	Name of the Applicant (in capital letters)	
2.	Gender (Male/Female/Other)	
3.	Marital Status	
4.	Father's/Husband Name	
5.	Date of Birth	
6.	Age as on last date of receiving application as per advertisement	
7.	Address for communication	
8.	Contact No. and email	
9.	Permanent Address	
10.	Nationality	

11. Educational Qualification: (Enclose attested photocopies of degree/diploma certificate & mark sheets)

Examination	subjects	Board/Council/University	%/ Division	Month & Year of Passing

12. Experience as per eligibility criteria: (Enclose copies of Work Experience Certificates)

Name of the organization/Institution Where worked and place	Status of organization (Central/ State/ Autonomous /PSU)	Name of the post held	Whether permanent/ Contractual	Period		Scale of pay & Gross Pay Drawn	Nature of work
				From	To		

(Use separate sheet if space is inadequate)

13.	Knowledge of computer application, if any	
14.	Date of superannuation/VRS	
15.	Designation and scale of pay at time of Superannuation/VRS	
16.	Whether any penalty was Imposed during the service (if so give details)	
17.	Whether the applicant is suffering from any serious disease if Yes provide details.	

18. Number and date of the Pension Payment Order, or any other pension document or proof of retirement issued by the last employer. (Please attach a copy of the document showing pension drawn by the applicant)

Any other information you wish to add:

DECLARATION

I, _____ declare that I have read the advertisement carefully and the information furnished above is true and correct to the best of my knowledge and belief and no related information has been concealed. I am aware that if any of the above statements are found to be incorrect or false or any material information or particulars of relevance have been misstated, suppressed or omitted, I am liable to be disqualified for appointment and if appointed, my appointment will be liable to be terminated.

Place:

Date:

(Signature of the applicant)

Full Name