



**Visvesvaraya Industrial and Technological Museum**  
(National Council of Science Museums)  
Kasturba Road, Bangalore-560001

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**Application for the post of Office Assistant (Gr.III) (Reserved for Visually Impaired under PWD Category) at VITM, Bangalore.**

01. Name in full :  
(in **BLOCK** letters)
02. Address in full  
a) Present :  
  
b) Permanent :  
  
c) Contact No. (Landline or Cell No.):  
d) Email ID. :
03. a) Date of Birth :  
(Please enclose proof of date of birth)  
b) Place of Birth :
04. Father's Name :  
Address :  
(If dead, give last address)  
  
Occupation :  
If retired from Govt. Service, indicate whether he is a pensioner or a family pensioner, and if so, give particulars :
05. Mother's Name :  
Address :  
(If dead, give last address)  
  
Occupation :  
If retired from Govt. Service, indicate whether she is a pensioner or family pensioner, and if so, give particulars.

06. Are you  
 \*a) a citizen of India by birth and/or by domicile ?  
 b) a person having migrated from Pakistan or Bangladesh other countries with the intention of permanently settling in India ? or subject of Nepal ? **Yes/No.** If yes, give details.
07. Is (or was) your father  
 \*a) a citizen of India by birth and/or by domicile ?  
 b) a person having migrated from Pakistan or Bangladesh or other countries with the intention of permanently settling in India or a subject of Nepal ?  
**\*Answer 'Yes' or 'No' and strike out the words, which are not applicable.**

08. State your  
 (a) Gender : Male / Female / Transgender (Tick whichever is applicable)  
 (b) Religion :  
 (c) Are you a member of SC/ST/OBC/EWS or Aboriginal community? :  
 Answer '**Yes**' or '**No**' and, if '**Yes**', give particulars and attach a self attested copy of valid certificate.  
 (d) Are you an Anglo-Indian? :  
 (e) Are you physically challenged? If yes, indicate the % of (HH, VH, OH) disability and attach certificate in support, if applicable.  
 (f) Are you ex-services personnel? Answer "Yes or No", if yes, give particulars and attach relevant discharge certificate.

09. Particulars of all examinations passed and degrees and technical qualifications obtained at the university or other places of higher technical education (commencing with the Secondary or equivalent examination), including particulars of ***Stenography/English Typing Examinations (Hindi Typing desirable.*** Attach testimonials in support. Also please furnish particulars of course, if any, being pursued:

Examination/ Degree/ Diploma	Name of Board/ University	Percentage of marks obtained	Class or Division obtained	Major subjects taken	Year of passing

10. Speed in English/Hindi Typing : .....W.P.M.

11. Experience (give details of all previous employments)

Sl. No.	Name & address of Employer(s)	Nature of Employment	Date of Joining	Date of leaving	Salary Drawn	Reasons for leaving

12. Are you a Govt. servant at present?

If so, please state whether your appointment is temporary or permanent.

13. Have you any relative working in the NCSM? If so, please give details.

14. What language (including Indian languages) can you read, write or speak. Give particulars and state any examinations passed in each.

Language	Speak only	Speak & Read only	Speak, Read & Write

15. Are you willing to work anywhere in India?

Yes / No

(Tick 'Yes' or 'No')

(Please note that the post is transferrable to anywhere in India under NCSM)

Note :

1. **Information in respect of Columns 3, 6, 7, 8, 9, 10 & 11 should be supported by self attested copies of certificates and testimonials failing which the application will not be considered.**
2. If already in Govt./Semi Govt. service, application should be routed through proper channel. However, an advance copy should be submitted within the stipulated time.
3. **Canvassing in any form and/or bringing in any influence political or otherwise, will be treated as a disqualification for the post.**

Date: \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_

Endorsement by the Present Employer (if he is a Govt./Semi Govt. Servant./PSU/Autonomous Body,)

Forwarded :

No. \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Name and Designation

Enclosures: