

Advt. No. NA/2/2023	Post Applied for the post of
Application No.	ESTATE MANAGER

INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE

Dr.V.K.R.V. Rao Road, Nagarbhavi P.O., Bangalore - 560 072

APPLICATION FORM FOR ADMINISTRATIVE POSTS

1. Name in full (CAPITAL LETTERS)					
2. Address:					
Present (for communication)					
Permanent (Home Town)					
Contact Details	Phone/Mobile:				
	E-mail:				
3. Date of Birth:		Age:	Sex:		
4. Marital Status	Unmarried	Married	No. of Children:		
5. Do you belong to OBC/SC/ST	Yes/No				
6. Education:					
Examination	Degree in*	University	Class/ Division	% of Marks	Year
VIII Standard (applicable only to Messenger Post)					
Matriculation					
Pre-University					
Graduation					
Post-Graduation					
Diploma / Certificate in Technical Courses					
Others (specify)					

*Specify the Degree
Strike out whichever is not applicable.

7. Work Experience (begin with your last/present job):

Designation / Position	Employer	Period		Duration	
		From	To	Year	Months
8. Knowledge of Languages		Read	Write	Speak	
9. Names and full address of two referees (e.g. Teachers, Employers, etc., not related to you)		1.			

		2.			
10. If employment is offered, how soon can you join duty					

11. I certify that the particulars given by me in this application are true. I enclose copies of the following: *

- a. Certificate in proof of the Date of Birth
- b. SSLC Certificate
- c. Graduation/Post-graduation Certificate
- d. Caste Certificate
- e. Others

NOTE: All copies of testimonials including experience are to be enclosed.

PLACE:

DATE:

Signature of the Applicant

*Strike out whichever is not applicable.

12. TO BE FILLED IN BY THE EMPLOYER OF THE APPLICANT

We certify that the information given by the candidate in column 7 of the application is correct. This organization has no objection for his/her applying for the said post. In case he/she is offered the post and if he/she accepts it, he/she will be relieved of his/her duties in this organisation according to rules.

(Seal of office)

Signature of the Employer

Name:

Designation:

Place:

Date:

INFORMATION SHEET

Name of the candidate:

Knowledge of computer softwares:

Software	Name of the Software
1. MS Word	
2. Excel	
3. AutoCAD	
4. others	

Experience of using the computer softwares

Software	Duration of Experience		Nature of work/ job done
	From	To	
1. MS Word			
2. Excel			
3. AutoCAD			
4. others			

DATE:

Signature of the Applicant