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| Advt. No. NA/3/2023 | Post Applied for the post of |
| Application No. | FIELD INVESTIGATOR |

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. others | | | |
| Experience of using the computer softwares | | | |
| Software | Duration of Experience | | Nature of work/ job done |
| | From | To | |
| 1. MS Word | | | |
| 2. Excel | | | |
| 3. others | | | |

DATE:

Signature of the Applicant