

13. Are you a Central Govt. Civilian employee ?

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|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

 If yes, please attach necessary certificates

14. Indicate the type of Disability

(i) Nature of disability, indicate the category as VH/HH

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|----|--|----|--|
| VH | | HH | |
|----|--|----|--|

(ii) Mention the percentage of disability (as certified by the Competent Medical Authority in the PH Certificate)

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15. Educational & professional qualifications (Beginning with 10th Std.) :

| Examination | Board / University | Year of passing | Subjects | Details of Marks | | |
|-------------|--------------------|-----------------|----------|------------------|----------------|------------|
| | | | | Max. Marks | Marks obtained | % of Marks |
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16. Course of study, the applicant is continuing presently :-

| Course of study | Board / University | Full time / Part time | Duration of the course | No. of semester/ subjects completed | Marks obtained |
|-----------------|--------------------|-----------------------|------------------------|-------------------------------------|----------------|
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17. Experience, if any (particulars of all previous and present employment are to be furnished)

| Name & address of employer | Post held | Whether Central or a State Govt./PSUs/ Autonomous bodies | Period | | Permanent or Temporary | Reasons for leaving |
|----------------------------|-----------|--|--------|----|------------------------|---------------------|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total experience | | | Year | | Month | |

18. Details of relatives employed in DAE or its constituent units :-

| S.N. | Name | Relationship | Unit | Post held |
|------|------|--------------|------|-----------|
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19. Are you in receipt of any scholarship from the Department of Atomic Energy? If so, please furnish particulars.

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20. Are you under any contractual obligation to serve the Central/State government/any other Public Sector Undertaking/Autonomous Bodies? If so, please furnish full details.

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21. Name, address and phone / mobile Nos. of two persons to whom a reference can be made :-

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|---------------------|---------------------|
| 1. | 2. |
| Phone / Mobile No : | Phone / Mobile No : |

22. Whether the applicant has ever served in Central or State Government or any other organisation and is in receipt of any pension, gratuity or employer's share to the Provident Fund ? Details thereof :-

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23. Any other information you may wish to add

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DECLARATION

1. I hereby declare that the above information is factually correct to the best of my knowledge and belief.
2. I am aware that my application is liable to be rejected if the information given is incomplete or found to be incorrect.
3. I understand that in the event of any information being found false or incorrect at any stage or not satisfying the eligibility conditions according to the requirements mentioned in the advertisement, my candidature / appointment is liable to be cancelled / terminated.
4. I undertake to abide by all the condition specified in the advertisement.

Place : _____

Signature of the candidate

Date : _____

Name _____

