

**STATE COUNCIL OF EDUCATIONAL RESEARCH & TRAINING
VARUN MARG, DEFENCE COLONY, NEW DELHI-110024.**

Application ID No			
DATE OF APPLICATION			
1. POST	Consultant (ASO)		
2. First Name of Applicant			
3. Middle Name Applicant			
4. Last Name of Applicant			
5. Father's Name			
6. Residential Address			
7. Contact No.			
8. E- Mail ID			
9. Date of Birth			
10. Highest Educational Qualification			
11. Age as on 01.08.2019	Years	Month	Days
12. Total length of regular service in previous Govt./local Body/Defence/Equivalent Establishment	Years	Month	Days
13. PPO No/ Gratuity Payment Authority No			
14. Are you presently engaged in any service /engagement/employment			
15. Do you have knowledge of computer (MS-Office, Using Internet, PPT)			
16. Post held at the time of retirement			
17. Are you retired from GNCTD	Yes/No		
UNDERTAKING			
I am fully aware of the nature of duties to be performed by me, if selected and therefore I undertake that I shall discharge all the duties and responsibilities with utmost sincerity, entrusted to me, by the Head of Department. I further undertake that the above information furnished by me is correct.			
Date:-		Signature	
Place:-		Name:-	

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