## APPLICATION FORMAT

To
The Project Director
Tripura State AIDS Control Society
Akhaura Road, Opposite to IGM Hospital
Agartala Tripura West
Web site: (http://health.tripura.gov.in)
TSACS website - (www. tsacstripura.gov.in).

Photo

Name of the post applied for:

[IN BLOCK LETTER]

- 1. Name of the Candidate:
- 2. Father's/Husband's Name
- 3. Nationality(Attach permanent Resident Certificate, Citizenship Certificate & Voter ID):
- 4. Permanent Address with Pin Code (attach address proof certificate):
- 5. Postal Address for communication with Pin Code & Contact no.
- 6. Aadhaar card no: (attach Aadhaar card photocopy):
- 7. Contract No & e-mail ID(if any):
- 8. Date of Birth(DD/MM/YY):
- 9. Religion:
- 10.Gender(Male/Female):
- 11. Caste, if belongs to SC/ST community(attach certificate):

12. Educational Qualification(attach photocopy of all relevant mark sheets):

S1. No	Name of the Examination	Recognized University/Board /Institution	Year of passing	Percentage of marks obtained	Remarks
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- 13. Desirable qualification:
- 14. Technical Qualification(If any attach supporting document):
- 15. Experience (If any attach supporting document/s):

<u>Declaration</u>: I hereby declare that, all the information given above is true to the best of my knowledge, if any of the information is found to be incorrect at a later stage, I shall be liable to be disqualified and removed from the service after selection/joining.

(Signature of the candidat	(Signature	of t	the	candidat
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Date:

Place: