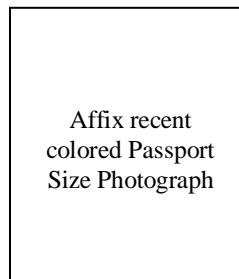


# Gujarat Grassroots Innovations Augmentation Network

## Application form



1. Application No. (for office use only): .....
  
2. Post for which applied : .....
  
3. Name in full (in BLOCK LETTERS) : .....  
.....  
.....
  
4. Father's/Guardian's/ Husband's Name : .....
  
5. Mother's Maiden Name : .....
  
6. Date of Birth : DATE MONTH YEAR  
.....
  
7. Nationality : .....
  
8. Religion : .....
  
9. Whether you belong to (please tick : SC ST OBC Handicapped  
and if yes, attach certificate) !.....! !.....! !.....! !.....!

10. Educational Qualifications: (In chronological order from latest. Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

Sl. No.	Exams. Passed	University / institution / board	Year of passing	Subject(s) of specialisation	Div. / class & % of marks

11. Employment Record : (Details in chronological order, starting with the latest) (Enclose a separate sheet, duly authenticated by your signature, if the space below is insufficient)

Sl. No.	Name & Address of Employer	Designation	Period		Total period in years & months	Scale of pay	Nature of duties	Reason for leaving
			From	To				

12. Total experience in years after Essential Qualification :

13. Details of work / experience, if any (Annexure, if any, should not exceed 200 words) :

14. Suitability for the post (Enclose a separate sheet, if the space below is insufficient) :

15. (i) Address for correspondence : .....  
(in BLOCK LETTERS) .....  
.....  
Pin Code : .....  
(ii) Contact Number : .....

16. (i) Permanent Address : .....  
(in BLOCK LETTERS) .....  
.....  
Pin Code : .....  
(ii) Contact Number : .....

17. Give below the names of two references (they must not be related to you) who are in a position to testify from their personal knowledge as to your fitness for the proposed appointment.

(a) Name with full address : .....  
.....  
(b) Name with full address : .....  
.....

18. Any other information you may wish to add :  
[Like list of publications, Membership of :  
learned societies, awards and recognition, :  
voluntary work in reputed organizations :  
etc. (in brief)] :

19. Details of Enclosures :

20. DECLARATION:

I certify that the information provided here is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If at any time, I am found to have concealed/distorted any material information, my appointment shall be liable to be summarily terminated without notice/compensation.

**Place:**  
**Date:**

**Signature of the candidate**