

Appendix-A

CENTRAL INSTITUTE OF HIMALAYAN CULTURE STUDIES

Dahung::West Kameng District::Arunachal Pradesh-790 116

Phone: 03782 207030:: E mail- cihcsdahung@gmail.com

(An Autonomous Body of the Ministry of Culture, Govt. of India)

1. Application for the post of:-.....
2. Name of the applicant:-
(BLOCK LETTERS)
3. Father's Name: -
4. Mother's Name: -
5. (a) Date of Birth: -
- (b) Age as on 1st January, 2020:-
6. Gender: -
7. Category (Gen/APST/SC/ST/OBC/PWD):-
8. Nationality: -
9. Telephone/Mobile No.:- Email Address
10. Address for correspondence: -
.....
.....
.....
11. Permanent Address: -
.....
.....
.....
12. State of Domicile: -
13. Particulars of Demand Draft No. &DateAmount: -

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14. Educational qualification:-

Sl	Examination passed Name	Board/College/ University	Subjects	Division/ Class	Percentage of marks/grade point	Distinction achieved (if any)

15. Whether belongs to (please attach self attested copy of the certificate).

- a) Schedule Caste :- Yes/No
- b) Schedule Tribe :- Yes/No
- c) OBC :- Yes/No
- d) Ex-servicemen :- Yes/No
- e) Physically handicapped :- Yes/No

16. Work experience

Sl. No.	Post held	Employer	Last pay drawn with pay scale	Nature of assignment	Period with date

17. Are you a dismissed employee :- Yes/No

DECLARATION

I do hereby affirm that statements made above are true to the best of my knowledge and belief. If, i am found to have given any wrong information, my candidature may be cancelled or debarred by the concern authority.

Date: -

Place: -

Signature of Applicant