APPLICATION FORM

Advei	tisement	OLS Websit	OLS Website			Photograph (3.5x4.5 siz		
Name	of the Post:							
						Signature:		
	plicant Name							
	other's Name:							
	ther's Name:			- ~				
	te of Birth:		5. Sex:					
6. Age as on 01/12/2021								
7. Pre	esent Contact	ontact Telephone No.: - pile No: -						
Perm	anent Contact	Address:						
9. En	nail Address:				·			
10. Languages spoken/written:								
11. Computer skill:								
12. P	rofessional Q	ualification details:						
Sl.	Exam	Name of Board /	Year of			h optional)	Duration of	
No.	Passed	University	passing	Full Mark	Marks Secured	% of Marks	Course	

13. Experience Details (starting from present / last employment):-

Name of the Employer	Post Held	From	To Date	Total	
		Date		Year	Month

Declaration: I do hereby declare that the information furnished above are true to the best of my knowledge.

Date:

Place:

Signature of Applicant