

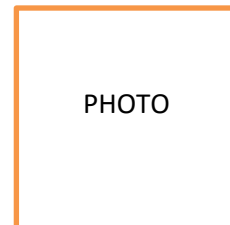
INDIAN PLYWOOD INDUSTRIES RESEARCH & TRAINING INSTITUTE

P.B. No. 2273, Tumkur Road, Off HMT Link Road, Yeshwanthpur, Bengaluru-560 022

(On NH4, next to CMTI, behind Peenya Metro Station) Ph: 91-80-30534000-49

Application for the Post of: Jr. Stenographer (UR)(Sports Quota)

(Archery/Athletics/Badminton/Billards and Snooker/Carrom/Chess/Tennis/
Table Tennis/Rifle Shooting/Powerlifting/Weight Lifting)



Demand Draft No.: Date.....Rs.....

1	Name (in Block Letters)			
2	Father's/Husband's name			
3	Permanent address			
4	Address for correspondence			
5	Date of Birth (enclose attested copy of certificate)			
6.	Sex (Male/Female)			
<i>(Crucial date for determining the age limit shall be the closing date for the receipt of application)</i>				
7	Whether SC/ST/OBC/PH (enclose attested copy of certificate)			
8	Nationality			
9	Educational qualifications (enclose attested copies of certificates)			
	Exam passed	Name of the Board/University	Year of Passing	Distinction/%of marks obtained
	10 th Class or equivalent			
	12 th Class or equivalent			
10.	Participation in Games (Attested copies of certificates to be enclosed)			
	Name of Game	Year of Participation	Inter-National	National
				Remarks/Achievements

11	Work Experienceyears.....months			
12	Games Experience (name of the game)yearsmonths			
13	Employment details (chronologically from present position backwards in support of Sl. No. 11 & 12): Enclose attested copies of certificates.				
	Name of the employer with full address	Post held (with pay scale)	Period		Nature of duties
			From	To	
14	Any other information				

Place:
Date:
(Signature of the Candidate)

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER/HEAD OF OFFICE/FORWARDING AUTHORITY

Certified that:-
The particulars furnished by Shri/Smt.
are correct.

There is no vigilance/disciplinary case, either pending or contemplated against him/her.
Attested copies of upto date Annual Confidential Reports for the years,,, & in respect of Shri/Smt.
are enclosed herewith.

Signature of Head of Department/Forwarding Authority

Name:

Dept.:

Place:
Date: