

INDIAN INSTITUTE OF MANAGEMENT, LUCKNOW.

# APPLICATION FORM

		POST APPLIE	D FOR	••••••
1. 2.	NAN FAT	/IE HER'S/		
2.		BAND'S NAME		
3.		MANENT _ DRESS _		PHOTOGRAPH HERE
	TEL	EPHONE NO		
4.	ADE For			
	-			
		-		
	TEL	EPHONE NO.		
	E-M	AIL _		
5.	DAT	E OF BIRTH		SEX : MALE / FEMALE
6.	A.	CASTE	SUB-CA	STE
	B.	WHETHER BE	LONGS TO GEN./SC/ST/OBC	C/EX-SERVICEMEN
	C.	VH/HH/OH		ES/NO, IF YES, PLEASE SPECIFY T/OBC/PH categories)
7.				
8.	MAI NAT			
9.	GEN	ERAL CONDITIO	ON OF HEALTH	
	NOR	RMAL/ HANDICA	PPED (SPECIFY DETAILS) _	
	HEI	GHT	WEIGHT	_ BLOOD GROUP
10.	MAI	RITAL STATUS: I	MARRIED / UNMARRIED	
			OTHER (SPECIFY)	

### 11. IF MARRIED, IS SPOUSE EMPLOYED/ NOT EMPLOYED

IF EMPLOYED, WHERE (GIVE COMPLETE ADDRESS)

## 12. DETAILS OF CHILDREN:

Name

Gender

\_\_\_\_

DoB/Age

#### 13. EDUCATIONAL QUALIFICATIONS:

Name of the	Year of	Marks	details	% of	Name of the	Subjects Taken	Div
Examination	Passing	Max	Marks	marks	Board/		
Passed		marks	obtained		University		

14.	SPEED IN TYPEWRITING	English	w.p.m	Hindi	w.p.m

15.	SPEED IN SHORTHAND	English _	w.p.m	Hindi	w.p.m
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<sup>16.</sup> TOTAL EXPERIENCE : YEAR (S) \_\_\_\_\_ MONTH (S) \_\_\_\_\_ (Work Experience in chronological order, starting with the first job:- Attested copy of proof of each experience to be attached)

1	o be attachea)	1					
Name &	Post held	Scale of pay		Period	of servi	ce	Nature of work &
Address of		& GP					level of
Employer			From	То	Total e	experience	responsibilities
							(please attach
					Year	Month	separate sheet, if
							needed)

17)	ANY OT	HER RELEV	ANT	INFORN	MATIC	<b>N</b>			
								 	••••
18)	Details of	f Demand Dra	aft	Amount	•	Rs		 	
				Demand	l Draft I	No		 	
			Drawn	on (Nam	ne of Ba			 	
DECLARATION									

# I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO BEST OF MY KNOWLEDGE AND BELIEF.

DATE : \_\_\_\_\_

SIGNATURE	
NAME	

(For use of the forwarding office)

	(For candidates wh	o are wo	rking	under Govt	./PSU/A	utonomous Institution	ns etc.)	
(i) Certified	l that Shri/Smt./	Kum				is	working	in this
institution/orga	anization					_(Office/ Department	), which is a	a Central
Govt./State	Govt./Autonomous	body	of	Central/	State	Govt./PSU/Private	Organizat	ion on
Regular/Temporary/adhoc basis sinceand that entries made /particulars furnished by him/						y him/her		
have been checked and verified and found correct as per office records.								

(ii) It is also certified that there is no vigilance/disciplinary case pending or being contemplated against him/her and his/her integrity is beyond doubt.

	Signature	
Date	Name of the forwarding	officer
Place	Designation	
	Office Stamp (seal)	