

**LABORATORIES
TEXTILES COMMITTEE**
Govt. of India, Ministry of Textiles

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APPLICATION FORM

1	Post Applied for (in block letter)	
2	Name of applicant (in block letter)	
3	Father's Name	
4	Marital Status	
5	Present Postal Address for communication (in block letter) with pin code	
6	(a) Telephone No (with STD code) (b) Mobile No. (c) E-mail address	
7	Permanent Address	
8	Date of Birth (DD/MM/YYYY) (please attach proof of DoB)	
	Age as on 31 st October, 2020 (Years – Months)	
9	Nationality	
10	Religion	
11	Category (SC/ST/OBC/PH/GEN)	
12	Whether differently abled person?	
	If yes, please give type of disability	

13. Educational Qualification starting with Secondary Education: Please attach self attested copies of certificate/mark sheets

Examination /Degree	University/Board	Year of Passing	% of Marks/Division	Subject taken

14. Experience, if any (Please start with latest)

Name of the Employer	Post Held	Period		Last salary Drawn	Nature of Work
		From	To		

Declaration

I hereby declare that all the statements made in this application are true and complete to the best of my knowledge and belief. I further understand that at any time I am found to have concealed/distorted any material information, my candidature/appointment terminated without any notice. I acknowledge that the position of Fellow (Textile Testing) is a purely temporary and short term contractual engagement and does not confer any right for regularization of service in future. I also agree to fully abide by the terms and conditions in this regard.

Date:
Place

Signature of the Candidate with Name