| Post applying for | Annexure 1     |
|-------------------|----------------|
|                   | For office use |
|                   |                |
|                   |                |

## **APPLICATION FORM**

| Application                          |          |         | -        |          |         |       |       |       |     |      | y Of High |      |
|--------------------------------------|----------|---------|----------|----------|---------|-------|-------|-------|-----|------|-----------|------|
| 1) Post app                          | lying fo | or:     |          |          |         |       |       |       |     | <br> | <br>•     |      |
| 2) Name wi                           |          |         |          |          |         |       |       |       |     | <br> | <br>      |      |
| -                                    | -        |         |          |          |         |       |       |       |     |      | ා/මිය/මෙන |      |
| (In E                                | English  | / Bloc  | k capit  | al lette | ers ) M | r./ M | rs. / | ' Mis | ss: |      |           |      |
|                                      |          |         |          |          |         | ••••• |       |       |     | <br> | <br>      | •••• |
| 3) Names d<br>(In Sinha<br>(In Engli | ıla)     | ock ca  | pital le | tters)   |         |       |       |       |     |      |           |      |
| 4) National                          | ity:     |         |          |          |         |       |       |       |     |      |           |      |
| 5) Gender:                           | Femal    | e / Ma  | le:      |          |         |       |       |       |     |      |           |      |
| 6) National                          | identit  | y card  | No:      |          |         |       |       |       |     |      |           |      |
| 7) Date of b                         | oirth:   |         |          |          |         |       |       |       |     |      |           |      |
| 8) Age:<br>(As at app                | olicatio | n closi | ng date  | e)       |         |       |       |       |     |      |           |      |

| 9) R | eside | nce details:                |                        |                         |                                      | Office de                 | tails:          |                                       |          |              |  |
|------|-------|-----------------------------|------------------------|-------------------------|--------------------------------------|---------------------------|-----------------|---------------------------------------|----------|--------------|--|
|      | Add   | ress                        |                        |                         |                                      |                           | Addr            | ess                                   |          |              |  |
|      |       |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      |       |                             |                        |                         |                                      |                           | •••••           |                                       |          |              |  |
| •    |       | -                           |                        | •••••                   |                                      | <u> </u>                  | ········        |                                       |          | •••••        |  |
|      |       | phone No                    |                        |                         |                                      |                           |                 | hone No                               |          |              |  |
|      |       | ile No                      |                        |                         |                                      |                           | Fax N           |                                       |          |              |  |
|      | E - M | lail                        |                        |                         |                                      |                           | E - M           | ail                                   |          |              |  |
| 10)  | Educ  | ational Qualifi<br>G.C.E. C | cations:<br>)/L (අ. ಅಲ | හා.ස. / ද               | සා.ඉපළ)                              |                           |                 |                                       |          |              |  |
|      |       |                             |                        |                         |                                      | G                         | rade            |                                       |          |              |  |
|      | No    | Su                          | bject                  | 1 <sup>st</sup> Attempt |                                      |                           | 2 <sup>nd</sup> | Attempt                               |          |              |  |
|      |       |                             |                        |                         | Index No:                            |                           |                 | ex No:                                |          |              |  |
|      | 01    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      | 02    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      | 03    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      | 04    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      |       | ■ GCE A/I                   | L (අ.ෂෞ.               | ස. /උ.ග                 | ාපළ)                                 |                           | 1               |                                       |          |              |  |
|      |       | _                           |                        |                         |                                      | G                         | rade            |                                       |          |              |  |
|      | No    | Su                          | bject                  |                         | 1 <sup>st</sup> Attempt<br>Index No: |                           |                 | 2 <sup>nd</sup> Attempt<br>Index No:  |          |              |  |
|      | 01    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      | 02    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      | 03    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
| 11)  | Othe  | er Qualificatio             | ns - (Deg              | ree/ D                  | iploma/ Ce                           | rtificates/ Ti            | rainin          | gs etc.)                              |          |              |  |
|      | No    | Course Name                 |                        | NVQ L<br>Any)           | evel (If                             | Subject /<br>Relevant Fie | eld             | Validity<br>Date                      | Universi | ty/Institute |  |
|      | 01    |                             |                        | ,,                      |                                      |                           |                 | · · · · · · · · · · · · · · · · · · · |          |              |  |
|      | 02    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |
|      | 03    |                             |                        |                         |                                      |                           |                 |                                       |          |              |  |

| I.                    | Permanent App  | ointment D                              | ate:                             |  |   |                                    |                                 | ]                               |          |
|-----------------------|--|---|----------------------------------|--|---|------------------------------------|---------------------------------|---------------------------------|----------|
| II.                   | Designation at R   | RDA:                                    |                                  |  |   |                                    |                                 |                                 |          |
| III.                  | Confirmation D   | ate:                                    |                                  |  |   |                                    |                                 | ]                               |          |
|                       | Positio  | n                                       |                                  | F  | Period (From -                                      | - to)                              | No of                           | Years                           |          |
| 13)                   | Details of previous  | s releasmen                             | at from t                        | he si  | ıhstantive no                                       | st – if any                        |                                 |                                 |          |
| 10)                   | Name of the Project / Institution  | Position held                           | Time<br>duration                 | on   | No of years   |                                    | asment basi                     | s                               |          |
|                       | modeuton   |   |                                  |  |   | Full time<br>(with full -<br>Pay)  | Full time<br>(with No -<br>Pay) | Acting                          |          |
| 14)                   | Certificate / Letter   | rs regarding                            | ovnori                           | anca   | (Attach phot  | ocopy)                             |                                 |                                 |          |
|                       | III  |   | g experi                         |  | (Attach phot  | осоруј                             |                                 |                                 |          |
| 15)                   | Certification of tl  | he Applica                              | nt                               |  |   |                                    |                                 |                                 |          |
| abou<br>prov<br>infor | tify that I have read<br>at for this application<br>rided by me in this a<br>rmation I have provi<br>mentioned in 1/2019 | n. There are pplication it ded is found | no judio<br>true and<br>to be in | cial production of the correction of the correct | roceedings aga<br>rect. I am awa<br>ct and I have b | ninst me and I<br>are that, I am r | certify that toot eligible to   | the information the post if the | on<br>he |
| Date                  | :  |   |                                  |  | <br>Sig   | nature of app                      | licant                          | <b></b>                         |          |

12) Experiences in Road Development Authority:

## 16) Recommendation of the Head of the Institution

| PF Number                        |             |                     |     |                                   |                                 |           |
|----------------------------------|-------------|---------------------|-----|-----------------------------------|---------------------------------|-----------|
| Permanent I                      | Designation |                     |     |                                   |                                 |           |
| First Appoin                     | itment Date |                     |     |                                   |                                 |           |
| Confirmation                     | n Date      |                     |     |                                   |                                 |           |
| ubstantive positive is no intent | Position    | Time                | = - |                                   | easment basi                    |           |
| Project /<br>Institution         | held        | duration<br>from-to |     |                                   |                                 |           |
|                                  |             |                     |     | Full time<br>(with full -<br>Pay) | Full time<br>(with No -<br>Pay) | Acting    |
|                                  |             |                     |     |                                   |                                 |           |
|                                  |             |                     | 1   | aget that are i                   | n ahove tabl                    | e are con |