|  |  |
| --- | --- |
| 🎗 | **U.P. STATE AIDS CONTROL SOCIETY****4th Floor, A - Block, PICUP Bhawan, Vibhuti Khand, Gomti Nagar, Lucknow - 226 010****Phone: 0522-2720360; 2723947 Fax: 0522-2721135****Website: www.upsacs.in, E-mail:recruitupsacs@gmail** |

Affix Passport

size photograph

**APPLICATION FORM**

(Application For Appointment On Contract Basis)

1. Post applied for:…………………………………………………… …….…………

2. Applicant's Name:……………………………………… Sex (M/F)………….

3. Father's Name:………………………………....Mother's Name …………………....

4. Date of Birth:…………………… Age (as on …………..)…………………..............

 (Attach proof)

5.Mailing Address :...........................................................................................................

.................................................................................................PIN.................................

6. Permanent Address:……………………………………………………......………..

.................................................................................................PIN.................................

7. Telephone No. :........................................Mobile No:..........................................

8. E-mail ID:....................................................................................................................

9. Educational, Technical/Professional Qualifications (High School and above):

 (Attach Certificates)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualifications | Board/University/Institutions | Passing Year | Percentage of Marks | Subjects |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

10. Computer Skill:-

 i). Working knowledge of MS Office/E-mail - Yes/No

 ii). Certificate/Diploma/Degree Name............................... - Yes/No

 iii).Having knowledge of Hindi/English Typing - Yes/No

11. Experience (From present to previous):-

(Attach proof of previous experience like appointment letter, experience certificate, salary certificates etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Designation | Name of Institute/Organization | Nature of Work | Working Duration | Name, designation and contract no. of Reporting officer |
| From | to |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

12. Any other information:……………………………………………………………....

..........................................................................................................................................

**Declaration**

 I declare that the information given above istrue to the best of my knowledge and belief. Any information, if found false, will reject my candidature.

Date:…………………

Place:……………….. Applicant's Signature

List of Enclosures:

1.........................................................................................

2........................................................................................

3.........................................................................................

4.........................................................................................

5.........................................................................................

6.........................................................................................

7.........................................................................................