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| 🎗 | **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)

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| --- | --- | --- | --- | --- |
| Qualifications | Board/University/Institutions | Passing Year | Percentage of Marks | Subjects |
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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 |
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12. Any other information:……………………………………………………………....

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**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.........................................................................................

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