## **CECED APPLICATION FORM**

(All fields in the forms are mandatory to be filled. An incomplete form submitted will be treated as rejected.)

Exact Name of Position applied for:

Code of the Post:

Name:									
Father'	s / Hush	oand's Name:							
Date of Birth (DD/MM/YYYY):					der:	Marital S	Marital Status:		
Address	s / Cont	act Details:							
Address (Present): State:					Address (Permanent): (Write Same if same as				
Pin:					Present Address)				
Contact No:					State: Pin: Contact No:				
E-mail Id for Correspondence: Alter						Iternate E-mail Id for Correspondence (If any):			
	ges Know Y" / "N")	rn: English	Hindi	(	Others (P	lz mention)			
Comput	ter Profici	ency:							
cademic From (MM/ YY)	c / Profe To (MM/ YY)	ssional Educat Degree / I		Univ	ing from versity / stitute		ost recent. Add additional rows Specialization / Subjects		Percentage / Grade
From	k / Experience Summary : (Starting from curre om To Total period Organization YY) MM/YY) (year/Months / days)					Designation		ditional rows if require)  Type of Response assignment (Full time/	
		, 23,0)					part time/ consultancy		
otal Experience (In Years& Months):						Relevant Experience to the post applied (In Years& Months):			
urrent / Last Salarydrawn pm (In INR):						Notice Period/Joining Time (Days):			

## F. No. AUD/CECED/14-2C/2018-19/3 04-01-19

## Disclaimer:

Name: Place : Date :

The applicants are required to submit the duly filled application on or before the due date and time, failing which the application of the said applicant shall be treated as non-responsive. CECED, AUD shall not be responsible for late receipt or non-receipt of application/s for any technical reason or whatsoever. The applications received after due date and time shall not be considered.