

FORMAT OF APPLICATION

One Year Diploma Course in Archives and Records Management Session

- 1. **Name of Applicant** :
- 2. **Father's/Husband's Name** :
- 3. **Age and Date of Birth** :
- 4. **Category** : **General** **SC** **ST** **PH** **OBC** **Other**
- 5. **Postal Address** :

Self Attested Photograph

Tel. No./ E-mail ID (mandatory)

- 6. **Permanent Address** :
- 7. **Name & address of the Sponsoring Department, if Employed** :
- 8. **Post held at present** :
- 9. **Details of crossed Indian Postal Order/Demand Draft** :
- 10. **Academic Qualification (enclose attested copies of testimonials)** :

Examination Passed	Name of Board /University	Subject	Year of passing	Division	Percentage of Marks

Date:

Signature of candidate

In case of sponsored applicants

- (a) **Name & address of the Department where employed:**
- (b) **Post held at present** :