

PROFORMA FOR APPLICATION

APPLICATION FOR THE POST OF _____ IN AERB

1. Advertisement No. : AERB/01/2009
2. Category : _____
3. Name in full beginning with surname (in block letters): _____
4. Address (In Block Letters)
 - i. For Correspondence (with pin code) : _____

 - ii. Permanent Address (with pin code) : _____

5. Email Address : _____
6. Telephone No. : _____
7. Mother's Name : _____
8. Father's Name : _____
9. Nationality : _____
10. Date of birth : _____
(Date) (Month) (Year)
11. Sex : Male / Female
12. Height : _____ cms
Weight : _____ kgs
Mark of identification : _____
13. Marital Status : _____
14. Whether the applicant belongs to Scheduled Caste/Scheduled Tribe/ Other Backward Classes. : SC ST OBC
- 15(a). Do you have any physical disability (in case yes, please enclose relevant certificate) : Yes / No

Passport size photo duly signed by the candidate

15(b). If Yes, Tick the appropriate : OH VH HH

(OH: Orthopaedically Handicapped, VH: Visually Handicapped, HH: Hearing Handicapped)

16. Are you an Ex-serviceman? : Yes / No
(In case yes, please enclose the relevant certificate)

17. Educational and Professional Qualifications: (From Class X Board Examination)

Examination	University/Board/Institution	Year	Subjects	Class/Grade	% of Marks

18. Work Experience (particulars of all previous and present employment are to be furnished)

Name & address of Employer	Post	Whether Central or State Govt.	Period		Permanent or Temporary	Reasons for leaving
			From	To		

Note: Details of work experience covering posts held specific areas of work and major assignments should be given on a separate sheet of paper.

19. Details of relatives employed in Atomic Energy Regulatory Board or Department of Atomic Energy

S. No	Name	Relationship	Unit	Post

20. List of documents (as per check list to be attached to the application)

I certify that all the information given above is correct. I understand that furnishing false information makes my service liable for termination. If appointed, I agree to abide by the rules and regulations of the organisation.

Place: _____
Date: _____

Signature of candidate

Check list for the candidates (to be attached to the application)

Put X in the boxes applicable

- | | | | |
|----|--|---|--------------------------|
| 1. | Self addressed envelope attached | : | <input type="checkbox"/> |
| 2. | Photograph affixed on the application | : | <input type="checkbox"/> |
| 3. | Additional photograph attached | : | <input type="checkbox"/> |
| 4. | Application signed | : | <input type="checkbox"/> |
| 5. | List of documents attached: | | <input type="checkbox"/> |
| | a) Proof of Date of Birth | : | <input type="checkbox"/> |
| | b) SC/ST/OBC Certificate
(if applicable) | : | <input type="checkbox"/> |
| | c) Certificate of Physical Disability
(if applicable) | : | <input type="checkbox"/> |
| | d) Proof of Educational qualifications | : | <input type="checkbox"/> |
| | f) Work Experience Certificate | : | <input type="checkbox"/> |
| | g) Discharge Certificate from
Defence Service (if applicable) | : | <input type="checkbox"/> |
| | h) Sheet giving description of Work
Experience | : | <input type="checkbox"/> |
| | i) Check List | : | <input type="checkbox"/> |
| 6. | Postal Order/D.D. attached | : | <input type="checkbox"/> |

Date _____

Signature _____