



सत्यमेव जयते

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राजीव गांधी राष्ट्रीय युवा विकास संस्थान
Rajiv Gandhi National Institute of Youth Development
युवा कार्यक्रम और खेल मंत्रालय, भारत सरकार
Ministry of Youth Affairs & Sports – Govt . Of India
श्रीपेरुम्बुदूर /Sriperumbudur -602 105

Telephone: 044 – 27163127

Advt.No: RGNID/ADMIN/VISITINGCONSULTANTS/2018/005 Dt. 09.08.2018

APPLICATION FOR THE POST OF VISITING CONSULTANTS

PLEASE ENSURE TO FILL UP ALL THE FIELDS BELOW:

**Please affix
your recent
Self-attested
colour
photograph**

1.	NAME (IN BLOCK LETTERS)	
2.	GENDER	MALE / FEMALE
3.	FATHER'S NAME / HUSBAND'S NAME	
4.	MARITAL STATUS	
5.	i. DATE OF BIRTH (DD/MM/YYYY) ii. AGE AS ON 28.08.2018 (ENCLOSE PROOF)	
6.	STATE OF DOMICILE & NATIONALITY	
7.	PRESENT ADDRESS: DISTRICT: STATE: PIN CODE: PHONE NO. (WITH STD CODE): MOBILE NO: EMAIL ID:	PERMANENT ADDRESS: DISTRICT: STATE: PIN CODE: PHONE NO. (WITH STD CODE): MOBILE NO: EMAIL ID:
8.	CIRCLE THE CATEGORY YOU BELONG TO	SC / ST / OBC / GEN

9.	QUALIFICATION								
QUALIFICATION (From SSLC)	UNIVERSITY / INSTITUTION / BOARD	NATURE OF THE COURSE (FULL TIME / PART TIME / CORRESPONDENCE)	DURATION OF THE COURSE	SUBJECTS / SPECIALISATION	CLASS / DIVISION WITH PERCENTAGE OF MARKS	MONTH & YEAR OF PASSING			
10.	DETAILS OF TRAINING UNDERGONE, IF ANY., IN THE LAST 05 YEARS:								
NAME OF PROGRAM	INSTITUTION / ORGANIZATION		DURATION OF TRAINING						
			FROM (DD/MM/YYYY)	TO (DD/MM/YYYY)					
11.	PROFESSIONAL EXPERIENCE: (IN CHRONOLOGICAL ORDER, FROM THE FIRST TO THE PRESENT JOB)								
SL. NO	DESIGNATION / NATURE OF JOB / RESPONSIBILITIES HANDLED	ORGANIZATION (NAME & FULL ADDRESS)	GOVT / QUASI GOVT / PSU / PVT	WHETHER EMPLOYED ON PERMANENT/ PART TIME / CONTRACT BASIS? PLEASE SPECIFY	DATE (DD/MM/YYYY)		PAY SCALE	GROSS PAY	OTHER DETAILS, IF ANY
					FROM	TO			

DECLARATION:

I do hereby declare that the above details furnished by me are true complete to the best of my knowledge and belief. In the event of the said information being found false / incorrect / incomplete, my candidature / Engagement may be terminated without any notice.

Place:

Date :

Signature of the Candidate