

INDIAN PLYWOOD INDUSTRIES RESEARCH & TRAINING INSTITUTE

P.B. No. 2273, Off Tumkur Road, HMT Link Road, Yeshwanthpur, Bengaluru-560 022
(On NH4, next to CMTI, behind Peenya Metro Station) Ph: 91-80-30534000-49

Application for the Post of: **DRIVER/CARPENTER/LABORATORY ATTENDANT
MULTI TASKING STAFF**

Category of the Post: Un-Reserved (UR)

PHOTO

Demand Draft No.: Date.....Rs.....

Name of the Bank:

1	Name (in Block Letters)					
2	Father's/Husband's name					
3	Permanent address					
4	Address for correspondence, [postal address, email ID & contact details]					
5	Date of Birth (enclose attested copy of certificate)	Year <input type="text"/>	Month <input type="text"/>	Date <input type="text"/>		
6.	Age as on the closing date of receipt of application	Years <input type="text"/>	Months <input type="text"/>	Days <input type="text"/>		
7.	Sex (Male/Female)					
(Crucial date for determining the age limit shall be the closing date for the receipt of application)						
8.	Whether SC/ST/OBC/PH (if yes, enclose attested copy of certificate)	Yes <input type="text"/>	No <input type="text"/>			
9.	Nationality					
10.	Whether Person with Disability (PWD)? (Write '1' for Yes, '2' for No) If Yes (1) please tick (✓) the relevant box(es)	Locomotor Palsy <input type="text"/>	Visually Impaired <input type="text"/>	Hearing Impaired <input type="text"/>		
11.	Educational qualifications (enclose attested copies of certificates)					
	Exam passed	Main Subjects	Name of the Board/University	Year of Passing	% of marks obtained (please convert to % if marks are in OGPA/CGPA)	Distinction (if any)
	10 th Class or equivalent					
	12 th Class or equivalent					
	ITI Certificate with 2 years duration					
	Graduation					
	Post-Graduation					
	Any other					

12	Whether possessed a valid driving license (if applying for Driver post)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
a.	If yes, please give details: i) Licence No. ii) Licence issued on iii) Licence valid upto iv) Licence issuing authority	
13	Work ExperienceYearsmonths	
14	Employment details (chronologically from present position backwards in support of Sl. No. 11): Enclose attested copies of certificates.		
	Name of the employer with full address	Post held (with pay scale)	Period From To
15	Specific experience in the relevant fieldyears.....months	
	Name of the employer with full address	Post held (with pay scale)	Period From To
Check-list of documents to submit along with the application (please tick "√" at relevant box)			
Sl. No.	Documents	Yes	No
1.	Duly signed & completed application form		
2.	Requisite application fee by Demand Draft		
3.	Self-attested copy of Age Proof (eg. SSC or SSSC Certificate, Voter-ID, Aadhar Card, Driving License etc.,)		
4.	Self-attested copy of SSC/HSC/10 th Certificate		
5.	Self-attested copy of SSSC/12 th Certificate (if applicable)		
6.	ITI Certificate (if applicable)		
7.	Valid Driving Licence (if applicable)		
8.	Higher Educational Qualification (if any)		
9.	Relevant work experience certificate (if any)		
10.	Caste PH/Certificate from Competent Authority (If applicable)		

DECLARATION

I certify that the above information is correct and complete to the best of my knowledge and belief and nothing has been concealed/distorted. If at any time I am found to have concealed/distorted any material/information, my appointment shall be liable to be summarily terminated without notice/compensation. I also declare that I have read and fully understood all the instructions, terms and conditions given in the employment notification published in printed media and official website of IPIRTI and accept the same.

Place:
Date: (Signature of the Candidate)

CERTIFICATE TO BE FURNISHED BY THE EMPLOYER/HEAD OF OFFICE/FORWARDING AUTHORITY

Certified that:-
The particulars furnished by Shri/Smt.
are correct.

There is no vigilance/disciplinary case, either pending or contemplated against him/her.
Attested copies of up to date Annual Confidential Reports for the years,
.....,, & in respect of Shri/Smt.
.....
are enclosed herewith.

Signature of Head of Department/Forwarding Authority

Name:

Dept.:

Place:

Date: