

Application No:.....

**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: **LOWER DIVISION CLERK (Unreserved)**



Post No.: .....

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

|   |   |  |                        |                                       |
|---|---|--|------------------------|---------------------------------------|
| 1   | Name (in Block Letters)   |  |                        |                                       |
| 2   | Father's/Husband's name   |  |                        |                                       |
| 3   | Permanent address   |  |                        |                                       |
| 4   | Address for correspondence, email ID & contact details  |  |                        |                                       |
| 5   | Date of Birth (enclose attested copy of certificate)  | Age on the closing date of receipt of application<br>Years <input type="text"/> <input type="text"/> Months <input type="text"/> <input type="text"/> Days <input type="text"/> <input type="text"/> |                        |                                       |
| 6.  | Sex (Male/Female)   |  |                        |                                       |
| <b><i>(Crucial date for determining the age limit shall be the closing date for the receipt of application)</i></b> |   |  |                        |                                       |
| 7   | Whether SC/ST/OBC/PH (enclose attested copy of caste certificate)   |  |                        |                                       |
| 8   | Nationality   |  |                        |                                       |
| 9   | 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="checkbox"/> Visually Impaired <input type="checkbox"/><br>Hearing Impaired <input type="checkbox"/>   |                        |                                       |
| 10  | Educational qualifications (enclose attested copies of certificates)  |  |                        |                                       |
|   | <b>Exam passed</b>  | <b>Name of the Board/University</b>  | <b>Year of Passing</b> | <b>Distinction/%of marks obtained</b> |
|   | 10 <sup>th</sup> Class or equivalent  |  |                        |                                       |
|   | 12 <sup>th</sup> Class or equivalent  |  |                        |                                       |
|   |   |  |                        |                                       |
| 11  | Work Experience   | .....years.....months  |                        |                                       |

|           |  |                            |                                |    |                  |
|-----------|--|----------------------------|--------------------------------|----|------------------|
| <b>12</b> | Employment details (chronologically from present position backwards in support of Sl. No. 10):<br>Enclose attested copies of certificates. |                            |                                |    |                  |
|           | Name of the employer with full address   | Post held (with pay scale) | Period                         |    | Nature of duties |
|           |  |                            | From                           | To |                  |
|           |  |                            |                                |    |                  |
|           |  |                            |                                |    |                  |
|           |  |                            |                                |    |                  |
| <b>13</b> | Specific experience in the relevant field  |                            | .....years.....months          |    |                  |
| <b>14</b> | Any other information  |                            |                                |    |                  |
| <b>15</b> | <b><u>Details of Documents Enclosed</u></b>  |                            | <b><u>Tick if enclosed</u></b> |    |                  |
| <b>a.</b> | Class-X/Matriculation Certificate  |                            |                                |    |                  |
| <b>b.</b> | Additional qualification certificate/s   |                            |                                |    |                  |
| <b>c.</b> | Caste Certificate (if applicable)  |                            |                                |    |                  |
| <b>d.</b> | PWD Certificate (if applicable)  |                            |                                |    |                  |
| <b>e.</b> | No Objection Certificate (if applicable)   |                            |                                |    |                  |
| <b>f.</b> | Work experience certificate (if applicable)  |                            |                                |    |                  |
| <b>g.</b> | Any other certificate/s (please specify)   |                            |                                |    |                  |

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: