

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: **MULTI-TASKING STAFF (MTS) - (UR)**



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 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)			
<i>(Crucial date for determining the age limit shall be the closing date for the receipt of application)</i>				
7	Confirmation of cast as OBC (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"/> Hearing Impaired <input type="checkbox"/>		
10	Educational qualifications (enclose attested copies of certificates)			
	Exam passed	Name of the Board/University	Year of Passing	Distinction/%of marks obtained
	10 th Class or equivalent			
	12 th Class or equivalent			

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