

Application Form

To,
Project Director,
Maharashtra State AIDS Control Society,
Wadalal (W), Mumbai - 31.

Passport Size
Photo to be
signed by the
candidate

1. Application for the Post : _____

2. Candidates Name : _____
(Capital Letter)

SurnameFirst NameMiddle Name

3. Date of Birth : _____
Age as on _____ Years ____ Months ____ Days ____

4. Correspondence Address : _____

5. Permanent Address : _____

6. E-mail ID : _____

7. Mobile No. : _____

8. Working knowledge of computer (MS Office etc.): Yes / No

9. Educational Qualification :-

Sr. No.	Educational Qualification	Name of the University / Board	Percentage	Special Subjects

10. Experience Details :-

Sr. No.	Name of the office worked before	Designation	Period	Nature of work

11. Languages Known :-

Language	Read	Write	Speak

12. Any Other Special Qualification :-

Disclaimer:

I confirm that the details provided by me are correct. Any information, if found incorrect, will lead to the disqualification of my application.

Date :

Place :

Candidates Name & Signature