

Punjab State AIDS Control Society

Application format

Post Applied For: _____

Please type / write and print clearly. Use additional pages if necessary. Completed application form may be submitted electronically or mailed. Your complete application package must be received in the office of Punjab State AIDS Control Society by **5.00 P.M. on 27-11-2020.**

Personal Information			
Name (Last/ family)	Name (First)	Name (Middle)	Category (General/ Reserve)
Father/ Husband Name			
Date of Birth (With age in Yrs)	City/ Country of Birth	Marital Status	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Punjabi Passed Upto Matric		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Contact Information			
Work	Work Mailing Address	Phone	
		Fax	
		E. Mail	
Home	Permanent Mailing Address	Phone	
		E. Mail	

Education (List institutions attended (above secondary school level), starting with the most recent)					
Education & other Qualifications	Year of Passing (Date of degree received)	University/ Board/ Institute	Maximum marks	Marks Obtained	% age of Marks

Experience (Starting with the most recent)			
Name & address of the employer along with contact phone numbers	Duration		Position/ Responsibilities held
	From (Month/ Year)	To (Month/ Year)	

I hereby confirm that the information provided in this application is truthful, complete and up to date. I have also carefully read the general terms & conditions which will be applicable to contract to be signed, I hereby agree and accept the same.

Dated:

Signature of the applicant

Place: